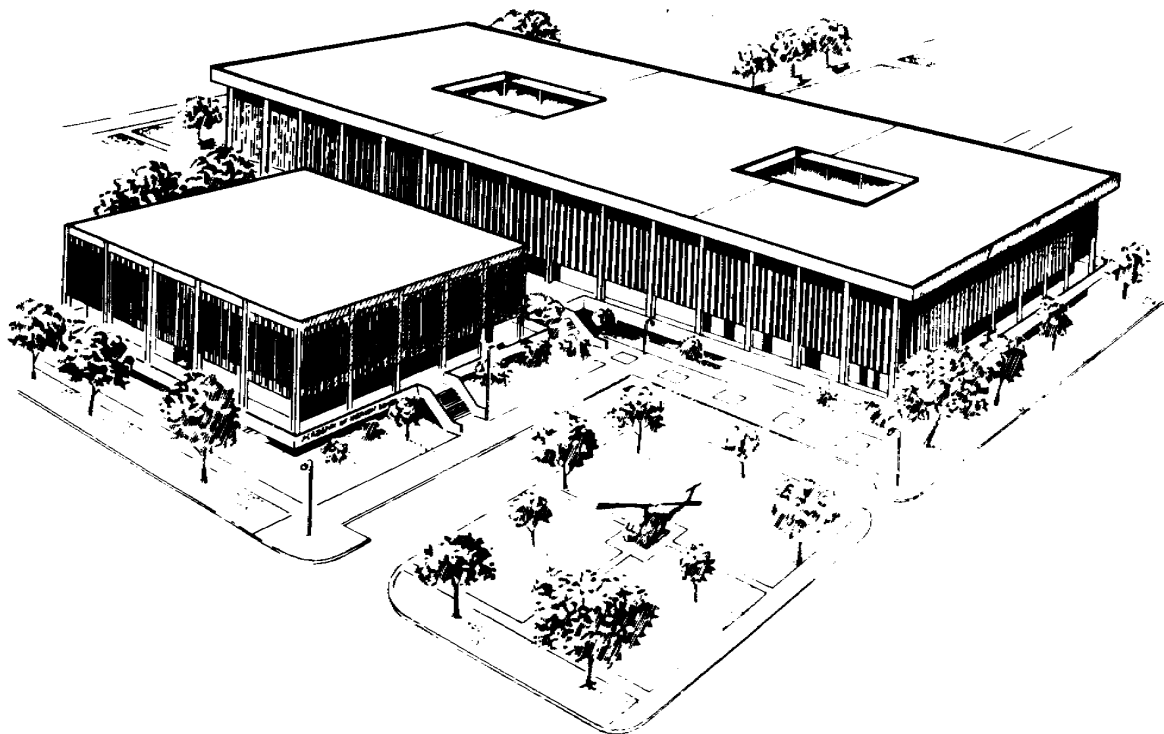

**U.S. ARMY MEDICAL DEPARTMENT CENTER AND SCHOOL
FORT SAM HOUSTON, TEXAS 78234-6100**



GENERAL DUTIES OF THE DENTAL SPECIALIST

SUBCOURSE MD0510

EDITION 200

DEVELOPMENT

This subcourse is approved for resident and correspondence course instruction. It reflects the current thought of the Academy of Health Sciences and conforms to printed Department of the Army doctrine as closely as currently possible. Development and progress render such doctrine continuously subject to change.

ADMINISTRATION

Students who desire credit hours for this correspondence subcourse must enroll in the subcourse. Application for enrollment should be made at the Internet website: <http://www.atrrs.army.mil>. You can access the course catalog in the upper right corner. Enter School Code 555 for medical correspondence courses. Copy down the course number and title. To apply for enrollment, return to the main ATRRS screen and scroll down the right side for ATRRS Channels. Click on SELF DEVELOPMENT to open the application; then follow the on-screen instructions.

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CLARIFICATION OF TRAINING LITERATURE TERMINOLOGY

When used in this publication, words such as "he," "him," "his," and "men" are intended to include both the masculine and feminine genders, unless specifically stated otherwise or when obvious in context.

USE OF PROPRIETARY NAMES

The initial letters of the names of some products are capitalized in this subcourse. Such names are proprietary names, that is, brand names or trademarks. Proprietary names have been used in this subcourse only to make it a more effective learning aid. The use of any name, proprietary or otherwise, should not be interpreted as an endorsement, deprecation, or criticism of a product; nor should such use be considered to interpret the validity of proprietary rights in a name, whether it is registered or not.

TABLE OF CONTENTS

<u>Lesson</u>		<u>Paragraphs</u>
	INTRODUCTION	
1	THE ARMY DENTAL CARE SYSTEM.....	1-1--1-3
	Exercises	
2	SUPPORT DUTIES OF THE DENTAL SPECIALIST	
	Section I. Supply and Supply Procedures.....	2-1--2-15
	Section II. Laboratory Procedures	2-16--2-17
	Section III. Administrative Functions.....	2-18--2-23
	Exercises	
3	CLINICAL DUTIES OF THE DENTAL SPECIALIST	
	Section I. Clinical Role	3-1--3-2
	Section II. Patient Relationship	3-3--3-9
	Section III. Assisting the Dental Officer.....	3-10--3-12
	Section IV. Clinic Routine.....	3-13--3-17
	Exercises	
4	THE TEAM APPROACH.....	4-1--4-6
	Exercises	

**CORRESPONDENCE COURSE OF THE
U.S. ARMY MEDICAL DEPARTMENT CENTER AND SCHOOL
SUBCOURSE MED510**

GENERAL DUTIES OF THE DENTAL SPECIALIST

INTRODUCTION

Dental specialists are assigned as assistants to dental officers with duties varying according to the section of the dental service in which they work. The duties of dental specialists may include the following: assisting dental officers in treating patients; instructing patients in oral hygiene; keeping dental appointments and office records; preparing dental records, including dental charts, under the direction of dental officers; preparing routine and special reports and forms; requisitioning, establishing, and maintaining stock levels of supplies; maintaining supply records; performing supply inventories; controlling and accounting for precious metals and narcotics; performing preventive maintenance on dental equipment; and maintaining order and cleanliness of dental treatment areas.

The purpose of this subcourse is to provide you with a general knowledge of the duties of personnel assisting dental officers in the dental clinic, to include various types of supply responsibilities and administrative duties, guidelines for patient relationship, routine responsibilities occurring on a daily or periodic basis, minor maintenance responsibility, and an overview of the branches of dentistry.

Subcourse Components:

This subcourse consists of four lessons. The lessons are as follows:

- Lesson 1, The Army Dental Care System.
- Lesson 2, Support Duties of the Dental Specialist.
- Lesson 3, Clinical Duties of the Dental Specialist.
- Lesson 4, The Team Approach.

Credit Awarded:

To receive credit hours, you must be officially enrolled and complete an examination furnished by the Nonresident Instruction Section at Fort Sam Houston, Texas. Upon successful completion of the examination for this subcourse, you will be awarded 8 credit hours.

You can enroll by going to the web site <http://atrrs.army.mil> and enrolling under "Self Development" (School Code 555).

A listing of correspondence courses and subcourses available through the Nonresident Instruction Section is found in Chapter 4 of DA Pamphlet 350-59, Army Correspondence Course Program Catalog. The DA PAM is available at the following website: <http://www.usapa.army.mil/pdffiles/p350-59.pdf>.

LESSON ASSIGNMENT

LESSON 1

The Army Dental Care System.

LESSON ASSIGNMENT

Paragraphs 1-1 through 1-3.

LESSON OBJECTIVES

After completing this lesson, you should be able to:

- 1-1. Identify the parameters of the Army Dental Care System.
- 1-2. Identify the 10 branches of dentistry.
- 1-3. Identify the role of the dental specialist within the dental care system.

SUGGESTION

After studying the assignment, complete the exercises at the end of this lesson. These exercises will help you to achieve the lesson objectives.

LESSON 1

THE ARMY DENTAL CARE SYSTEM

1-1. GENERAL

The Army Dental Care System is composed of officers of the Dental Corps, selected officers of the Medical Service Corps (MS), assigned enlisted personnel in the military occupational specialty (MOS) of 91E Dental Specialist, Additional Skill Identifier (ASI) N5—Dental Laboratory Specialist, ASI X2—Preventive Dentistry Specialist, and civilian personnel. Civilian personnel include civilian dentists, chair-side dental assistants, dental hygienists, expanded functions dental assistants (EFDAs), and administrative personnel. The capabilities of the Army Dental Care System are enhanced at some installations by volunteer workers under the Red Cross Volunteer Worker Program. The Dental Corps is composed exclusively of commissioned officers who are qualified doctors of dental medicine (DMD) or of dental surgery (DDS). All professional phases of the practice of dentistry are performed by these dental officers. The mission of the Army Medical Department (AMEDD) is to maintain the health of the Army and to conserve its fighting strength. Since oral disease and/or injury can produce casualties, the attainment and maintenance of oral health is an essential element of the AMEDD mission. The Army Dental Care System is charged with the diagnosis, prevention, and treatment of oral diseases, injuries, and deficiencies among military personnel and, in certain areas, dental care of family members, retired military personnel, and Department of the Army (DA) civilians.

1-2. BRANCHES OF DENTISTRY

Dentistry is the branch of medical science and art concerned with the prevention, diagnosis, and treatment of diseases of the teeth and adjacent tissues. It is also concerned with the restoration of defective and missing tissues. As dentistry has advanced, its practice has become increasingly complex with the evolvement of many specialties within the profession. This specialization is evident in the functional organization of the professional branch of Army dental clinics. The degree to which such organization is established depends mostly upon the size of the clinic, the mission, and the availability of personnel. A typical dental clinic consists of oral examination and diagnosis service (oral medicine), preventive dentistry, operative dentistry, oral surgery, and prosthodontics. Depending upon the mission and the personnel available, the clinic may also include periodontal, endodontic, pedodontic, orthodontic, and oral pathology services.

a. **Oral Examination and Diagnosis Service.** This branch of dentistry includes the examination and evaluation of the patient's oral region and general health status. It also includes the establishment of the proper sequence of any needed treatment.

b. **Preventive Dentistry.** This branch of dentistry is concerned with the prevention of oral disease or deformities and the complications from the conditions which develop. In most dental clinics, preventive dentistry includes patient education in oral hygiene, nutrition, oral pathology, and the need for regular professional examinations.

c. **Operative Dentistry.** This branch of dentistry is concerned with the restoration of diseased or damaged teeth to health and function by the placement of metallic and nonmetallic restorations. It accounts for the greatest portion of clinical procedures accomplished.

d. **Oral Surgery.** This branch of dentistry involves the diagnosis and the surgical and adjunctive treatment of diseases, injuries, and defects of the jaws and associated structures.

e. **Prosthodontics.** This branch of dentistry involves the restoration and maintenance of oral function through the replacement of missing teeth and structures by a prosthesis. Prosthodontics is divided into "fixed" and "removable." Removable prosthodontics includes maxillofacial prosthodontics, which is the art and science of the fabrication and replacement of missing parts of the oral-facial complex. A fixed prosthesis is an appliance, such as a crown or bridge, which is generally cemented in place. It cannot be easily removed by either the patient or the dentist. A removable prosthesis is an appliance, such as a complete or partial denture, that can be removed and reinserted at the will of the patient.

f. **Periodontics.** This branch of dentistry is concerned with the prevention, diagnosis, and treatment of diseases of the periodontium, which includes the gingiva, periodontal ligament, alveolar bone, and cementum of the teeth.

g. **Endodontics.** This branch of dentistry is concerned with the causes, prevention, diagnosis, and treatment of diseases and injuries that affect the tooth pulp, root, and periapical tissue. It also involves, if indicated, the removal of the diseased pulp tissue, cleaning, and shaping of the pulpal canal followed by obturation (filling and sealing) of the canal space with a suitable inert substance, such as gutta-percha.

h. **Pedodontics.** This branch of dentistry includes the diagnosis and treatment of oral diseases of children ranging in age from newborn to young adults (less than 18 years). Pedodontic services in Army clinics are limited to those areas authorized family member care (OCONUS).

i. **Orthodontics.** This branch of dentistry is concerned with the prevention and correction of impairments of the masticatory (chewing) function or facial appearance resulting from malposition or malformation of the teeth or their supporting structures.

j. **Oral Pathology.** This branch of dentistry includes the clinical and microscopic diagnosis of oral disease. Most Army oral pathologists serve a large geographic area by performing microscopic diagnoses of tissue samples (biopsies).

1-3. ROLE OF THE DENTAL SPECIALIST

a. **An Organized System that Augments Professional Skills.** Gaining the greatest benefit from the professional skills of the Army Dental Corps requires a carefully organized system. The system provides technical and administrative support. Dental specialists and other auxiliary personnel play a very important role in making this possible. A dental officer working with an efficient assistant can provide better dental care than when he works alone. A significant increase in capabilities is shown among dental officers when working with two or more assistants.

b. **Valuable Assistance to Dentists and to Patients.** Dental specialists and other auxiliary personnel are vital to the mission of the Army Dental Care System. A dental specialist permits a dental officer to devote maximum time to the care of the patients. This is done by relieving the dental officer of nonpatient care duties. The dental specialist must strive to maintain a high level of efficiency. He must present an atmosphere of professional competency to gain the respect and confidence of the patient.

c. **Variety of Potential Duty Assignments.** A dental specialist may be assigned various duties in the Army Dental Care System. The majority serve as chair-side dental assistants. Those who have attended the Preventive Dentistry Specialty Course (330-X2) are qualified to serve as preventive dentistry specialists (PDS) performing oral prophylaxis. Those who have attended the Dental Laboratory Course (N5) are qualified to serve as Dental Lab Techs. As the dental specialist advances in rank and experience, he may be given administrative clinical duties to perform. The role of the dental specialist in a field unit is basically the same as in a fixed treatment facility, with the addition of certain operational and maintenance functions associated with the movement of a unit.

Continue with Exercises

EXERCISES, LESSON 1

INSTRUCTIONS. The following exercises are to be answered by marking the lettered response that best answers the question or best completes the incomplete statement or by writing the answer in the space provided.

After you have completed all the exercises, turn to "Solutions to Exercises" at the end of the lesson and check your answers.

SPECIAL INSTRUCTIONS FOR EXERCISES 1 THROUGH 4. In front of the following statements concerning the Army Dental Care System, write "T" if the statement is true or "F" if the statement is false.

- ___ 1. The Dental Corps is composed exclusively of commissioned officers who have the DDS degree.
- ___ 2. The mission of the Army Medical Department is to maintain the health of the Army and to conserve its fighting strength.
- ___ 3. At some installations, there are volunteer workers in the dental clinic under the Red Cross volunteer program.
- ___ 4. Army dental clinics never provide dental care for family members, retired military personnel, or Department of Army civilians.

- 5. Which of the following services is least likely to be available at the typical Army dental clinic?
 - a. Examination and diagnosis service.
 - b. Preventive dentistry.
 - c. Operative dentistry.
 - d. Oral surgery.
 - e. Periodontics.

6. Which branch of dentistry is concerned with restoring damaged teeth to health and function by the placement of metallic and nonmetallic restorations?
 - a. Operative dentistry.
 - b. Prosthodontics.
 - c. Orthodontics.

7. A typical dental clinic will provide the following services:
 - a. Oral examination and _____ service.
 - b. _____ dentistry.
 - c. Oral _____.
 - d. _____ dentistry.
 - e. _____.

8. Maxillofacial prosthodontics is related to the preparation of a:
 - a. Removable prosthesis.
 - b. Fixed prosthesis.

9. Which of the following services is concerned with the treatment of diseases of the gingiva, alveolar bone, and the cementum?
 - a. Preventive dentistry.
 - b. Oral pathology.
 - c. Periodontics.
 - d. Pedodontics.
 - e. Endodontics.

10. Which of the following services is concerned with the treatment of diseases that affect the tooth pulp, root, and periapical tissue?
 - a. Oral pathology.
 - b. Periodontics.
 - c. Orthodontics.
 - d. Endodontics.
 - e. Pedodontics.

11. A significant increase in capabilities is shown among dental officers when working with:
 - a. Only one assistant.
 - b. Two or more assistants.

12. Which of the following is more likely to relieve the dental officer of nonpatient care duties while a patient is being treated?
 - a. Civilian chair-side dental assistants.
 - b. Expanded duty auxiliary personnel.
 - c. Administrative personnel.
 - d. Dental specialists.

13. The majority of dental specialists serve as:
 - a. Chair-side assistants.
 - b. Administrative personnel.
 - c. Dental hygienists.

Check Your Answers on Next Page

SOLUTIONS TO EXERCISES, LESSON 1

1. F (para 1-1)
2. T (para 1-1)
3. T (para 1-1)
4. F (para 1-1)
5. e (para 1-2)
6. a (para 1-2c)
7.
 - a. diagnosis
 - b. Preventive
 - c. surgery
 - d. Operative
 - e. Prosthodontics (para 1-2)
8. a (para 1-2e)
9. c (para 1-2f)
10. d (para 1-2g)
11. b (para 1-3a)
12. d (para 1-3b)
13. a (para 1-3c)

End of Lesson 1

LESSON ASSIGNMENT

LESSON 2

Support Duties of the Dental Specialist.

LESSON ASSIGNMENT

Paragraphs 2-1 through 2-23.

LESSON OBJECTIVES

After studying this lesson, you should be able to:

- 2-1. Identify basic Army supply procedures as applicable to dental service.
- 2-2. Identify dental laboratory duties sometimes performed by the dental specialist.
- 2-3. Identify the appointment system used in Army dental clinics.
- 2-4. Identify common records and reports used in administrative support.

SUGGESTION

After studying the assignment, complete the exercises at the end of the lesson. These exercises will help you achieve the lesson objectives.

LESSON 2

SUPPORT DUTIES OF THE DENTAL SPECIALIST

Section I. SUPPLY AND SUPPLY PROCEDURES

2-1. GENERAL

The functions of a dental clinic are classified as professional and supportive. Supportive functions are those not directly related to patient treatment. This includes administrative duties, ordering supplies, and possibly responsibility for some dental laboratory work.

2-2. SUPPLY DUTIES

a. **General.** In many clinics, a dental specialist must assume the duties of a supply clerk. Therefore, he should have thorough knowledge of the Army supply procedures and pertinent publications applicable to dental service.

b. **List of Supply Duties.** A list of duties follows.

- (1) Using appropriate supply publications.
- (2) Requisitioning, establishing, and maintaining stock levels.
- (3) Maintaining supply records.
- (4) Performing periodic supply inventories.
- (5) Controlling and accounting for precious metals, such as gold and amalgam.
- (6) Accumulating and disposing of scrap precious metal.
- (7) Operating a linen exchange system.

2-3. DENTAL SUPPLY ROOM

a. **Arrangement.** A dental clinic must have a room for the storage of supplies. It is the duty of the dental supply clerk to have a thorough knowledge of its contents and maintenance. For convenience of handling and checking, all supplies should be arranged according to ease of use. Requisitioning should be governed to maintain the established supply level. Old stocks are issued first. With this system, supplies are not likely to remain on the shelves long enough to deteriorate.

b. **Security.** Only authorized persons should be permitted in the supply room. Gold, platinum, narcotics, controlled drugs, silver alloy, needles, and poisons should be kept in locked safes.

2-4. PERIODIC INVENTORIES

Formal inventories of expendable property are not required. However, inventories should be made when preparing periodic requisitions to maintain authorized stock levels properly. A physical inventory of nonexpendable property is required annually (AR 710-2) and whenever property accountability is transferred from one officer to another. However, most clinics will conduct a semi-annual inventory as well. AR 710-2 and AR 735-11-2 give instructions for steps to be taken if overages and shortages are discovered. More frequent inventories may be advisable to assist in control of stocks.

2-5. INTERNATIONAL MERCHANTS PURCHASE AUTHORIZATION CARD

a. The Government-wide commercial purchase card is designed to make an impact on how supplies, services, and equipment equal to or less than \$2,500 are procured and purchased with unit's supply budget.

b. Key players involved with the International Merchants Purchase Authorization Card (IMPAC.) are the cardholder and the approving official (AO).

c. The cardholder is the individual appointed by the Director of Contracting to make purchases (less than or equal to \$2,500) using IMPAC. The card bears the cardholder's name and may be used only by this individual to pay for authorized United States (US) Government purchases.

d. All purchases made with the card must comply with the Federal Acquisition Regulation (FAR).

e. The cardholders are responsible for reconciling his monthly statement and forwarding the reconciled statement to his approving official.

2-6. PURCHASING RULES FOR THE CARDHOLDER

The cardholder:

- a. Must obtain a fair and reasonable price.
- b. Must rotate sources.
- c. Must document purchases (audit trail).
- d. Must resolve discrepancies directly with the vendor.

2-7. THE APPROVING OFFICIAL

The AO is the individual appointed by the Director of Contracting to approve each purchase prior to use of the credit card and review the cardholder's monthly statement. The AO will sign the cardholder's monthly statement and ensure the payments are for purchases authorized and made in accordance with (IAW) the FAR and agency policy. The AO should be the cardholder's supervisor or a higher level official. A cardholder cannot be his own AO.

2-8. THE APPROVING OFFICIAL RESPONSIBILITIES

The AO must ensure that all purchases:

- a. Are correct and fulfill mission requirements.
- b. Do not exceed spending limits.
- c. Are not for personal use.
- d. Have not been split into smaller segments to stay under the \$2,500 threshold.

2-9. PRIME VENDOR

A prime vendor is a distributor contracted (by US Army Dental Command [DENCOM]) as the main source of all expendable medical and dental supplies. The contract ensures the dental clinics that the prime vendor (distributor) will stock sufficient amounts of designated supplies to ensure that the dental clinics receive 95 percent of the items ordered within 24 hours (or whatever the agreed contract states). In return, the dental clinics are contractually obligated to order all expendable medical and dental supplies from that vendor. Only when the prime vendor is unable to provide a given item can the dental clinics order that specific item from other sources. The medical prime vendor contracts are awarded and administered by either the Defense Supply Center Philadelphia (DSCP) or Veterans Administration (VA). Prime Vendor is used in table of distribution and allowances (TDA) organizations and table of organization and equipment (TOE) units. A TOE unit uses Prime Vendor as part of medical materials readiness support planning and execution of missions, not for sustaining or resupply.

2-10. MEDICAL SUPPLY PUBLICATIONS FOR A TO&E UNIT

a. **Official Reference for Requisitioning.** Standard items of medical and dental supply available to the AMEDD are listed in the medical materiel portion of the Federal Supply Catalog, the Department of Defense section. The catalog is the official reference for requisitioning dental and medical supplies for the dental clinic.

b. **Group 65, Medical Materiel.** Most medical materiel is listed in group 65 of the catalog. This medical materiel portion of the Federal supply catalog provides extensive illustrations of the group 65 items and a listing of other items (nongroup 65) often used in AMEDD facilities. The first four digits of national stock numbers for dental instruments, equipment, and supplies are 6520. Class 6520 is what the dental specialist uses to requisition the dental supplies that are required. Other items commonly used are listed in the following classes:

- (1) Class 6505. Drugs, biologicals, and reagents.
- (2) Class 6510. Surgical dressing materials.
- (3) Class 6515. Medical and surgical instruments, equipment, and supplies.
- (4) Class 6525. X-ray equipment and supplies.
- (5) Class 6530. Hospital furniture, equipment, utensils, and supplies.
- (6) Class 6532. Hospital and surgical clothing and textile special purpose items.
- (7) Class 6545. Medical sets, kits, and outfits.

2-11. EXPENDABLE AND NONEXPENDABLE PROPERTY

a. **Property.** The term property encompasses all supplies, equipment, instruments, and other materials having monetary value. Property is classified as either expendable or nonexpendable.

b. **Expendable Property.** These are items such as silver alloy, cements, anesthetic agents, and dental waxes that are consumed in use. Repair items are also considered expendable. They are component parts issued for immediate installation and used to complete other articles, thereby losing their identity. Expendable medical items are so indicated in the appropriate identification lists of the Federal Supply Catalog.

c. **Nonexpendable Property.** These are items ordinarily not consumed in use and retain their original identity during the period of use.

2-12. NARCOTICS, ALCOHOLS, AND CONTROLLED DRUGS

If levels of narcotics, alcohols, and/or controlled drugs are maintained in the dental clinic, they must be controlled and accounted for in accordance with ARs 40-61 and 710-2. Procedures include maintaining a Narcotic and Controlled Drug Record, monthly inventories by a disinterested officer, and storage under lock and key when not in use. The oral surgery service is the largest user of these items. The chief of this service is responsible for controlling and accounting for these items.

2-13. DENTAL GOLD, PLATINUM, AND SILVER ALLOY

Special handling and accounting controls are required for dental gold, platinum, and silver alloy. Precautions should be taken to prevent their loss, waste, or unauthorized use. Materials should be kept in locked safes when not in use. A ledger or a written account will be maintained of dates of amounts received, amounts used, and the resulting balances on hand.

2-14. SCRAP DISPOSAL

Provisions for the disposal of scrap dental metals and alloys are given in DOD 4160.21-M. Every 6 months (or when 20 troy ounces of gold, 100 troy ounces of silver amalgam, or 10 troy ounces of platinum are accumulated), the scrap must be turned in to the medical supply officer. Command policies may vary from, but not exceed, these limits. Scrap must be weighed before turn-in. It will be receipted for by a turn-in slip that becomes a part of the responsible dental officer's supply file.

2-15. LINEN EXCHANGE

The supply section of the dental clinic is responsible for operating a linen exchange system. Soiled linen is usually turned in and clean linen picked up at a hospital or a unit linen exchange at specified periodic intervals. These intervals may be daily or longer. The usual procedure is to exchange soiled items for clean items. In fixed non-deployed dental facilities, the hospital picks up and delivers linen for the clinics.

Section II. LABORATORY PROCEDURES

2-16. GENERAL

All dental specialists should be familiar with dental prosthetic procedures. Most Army dental clinics have a dental laboratory specialist, but many are too small to have such a specialist authorized.

2-17. DUTIES OF THE DENTAL SPECIALISTS IN THE LABORATORY

In Army dental clinics too small to be authorized the assignment of a dental laboratory specialist, a dental specialist may be asked to pour casts or to make custom acrylic trays. Techniques for the performance of these procedures are described in TC 8-226, Dental Laboratory Specialist.

Section III. ADMINISTRATIVE FUNCTIONS

2-18. GENERAL

Administrative functions are supportive and not directly related to patient treatment. Administrative functions include establishing an appointment system and maintaining records and reports.

2-19. THE APPOINTMENT SYSTEM

a. **General.** Every clinic must have some method for recording and controlling appointments. Most dental clinics are now using a system called Corporate Dental Application (CDA). The CDA is used to schedule appointments, print out appointment slips and reminders, and view patient treatment history. In cases where clinics are unable to use CDA, an appointment slip (DA Form 3982, Medical and Dental Appointment, figure 2-1) is filled out and given to each patient as an individual record and reminder of future appointments.

PATIENT'S IDENTIFICATION <i>(Use Patient's Recording Card or Ward Plate, if available)</i>		NAME OF HOSPITAL	
		INPATIENT'S WARD NUMBER	
		CLINIC PATIENT'S ORGANIZATION	
APPOINTMENT DATA			
DATE	TIME	TYPE OF TREATMENT <input type="checkbox"/> MEDICAL <input type="checkbox"/> DENTAL	
THE ABOVE APPOINTMENT IS WITH <i>(Individual or Place)</i>			
REMARKS			
If you are unable to keep this appointment, please call for another appointment.			
DA FORM 3982, 1 DEC 72		REPLACES DA FORM 8-97 1 MAR 83 WHICH WILL BE USED.	MEDICAL AND DENTAL APPOINTMENT <i>(AR 40-3)</i>
			USAPA V1.01

Figure 2-1. DA Form 3982, Medical and Dental Appointment.

b. **Dental Appointment Systems.** In all clinics, a central appointment system is maintained at the reception desk. Most clinics are set up with CDA access in all dental treatment areas (DTR).

(1) Central appointment system. The central appointment system relieves the professional sections of administrative work and of answering telephone inquiries about appointments. It also provides a guide for the receptionist to obtain medical/dental records from the files in advance of the day's appointments.

(2) Individual appointment books. Individual appointment books enable the dental officer or dental specialist, who knows the patient's treatment needs, to work out mutually satisfactory appointments. Individual appointment books are normally kept by those doctors providing specialty care.

(3) Use of both systems. In some clinics, both systems may be used, the individual system for the specialty services and the centralized system for the general dentistry service.

(4) Communication. All dental personnel should be familiar with the systems used in their clinic and in other clinics to which patients may be referred. Dental specialists should inform patients of the appointment system in use so they can cooperate in all matters concerning appointments.

c. **Scheduling.** Commanders at dental activities (DENTACs) establish the policy for appointment systems. Management of treatment time is extremely important to maintain maximum productivity. The dental specialist is often responsible for scheduling appointments for patients.

(1) Definite time periods. In some clinics, appointment systems are based upon dividing the day into definite time periods of 15-minute increments; 1-hour, 45-minute, or 30-minute appointments may be given.

(2) Troop scheduling. In clinics where supported troops are in training, blocks of time may be set aside for troops from designated units and scheduled to coincide with periods of troop availability.

(3) Family member scheduling. In clinics where both military personnel and family members are treated OCONUS, appointment systems may be arranged to provide treatment of military and family members at different hours during the day or on different days of the week.

(4) Advance appointments. Some dental clinics limit the number of advance appointments a single patient may have. This is done to keep the waiting period for appointments to a reasonable length of time or to minimize broken appointments.

(5) Sick call. In some clinics, definite hours are designated for dental sick call. In others, dental sick call patients may report to the clinic at any time during duty hours. In either situation, provisions are made to care for emergency cases at any time. Sick call is mainly used for dental emergencies, but, in some clinics, the time may be used for routine dental examinations.

2-20. MANAGEMENT OF APPOINTMENT SCHEDULING

a. **A Method That Works.** The dental specialist must be accurate in scheduling appointments. The appointment should be recorded in the appointment program first, to include name, last four digits of the social security number, phone number, unit, and status. After that, the dental specialist should print the patient an appointment slip. If the appointment slip is completed first, the dental specialist might forget to make the proper entry in the appointment book. This could result in more than one patient reporting for treatment at the same time.

b. **Minimizing Broken Appointments.** Broken appointments occur in all dental clinics and result in depriving other patients of badly needed treatment. Every reasonable measure should be taken to minimize broken appointments. The dental specialist can help by accurately recording changes in appointments and by impressing upon the patient the importance of keeping appointments. Some clinics forward duplicates of all appointment slips to the unit headquarters of military members to get the commander's assistance in assuring that appointments are kept.

2-21. DENTAL SICK CALL

DD Form 689, Individual Sick Slip, (figure 2-2) is used by military personnel reporting on sick call to a dental or medical treatment facility. The sick slip is normally initiated by unit personnel, but may be initiated by the dental officer under certain circumstances. Normally, after examination and treatment, the dental officer indicates the disposition of the patient on the DD Form 689, which is then returned to the unit commander.

INDIVIDUAL SICK SLIP		DATE
<input type="checkbox"/> ILLNESS <input type="checkbox"/> INJURY		
LAST NAME-FIRST NAME-MIDDLE INITIAL OF PATIENT		ORGANIZATION AND STATION
SERVICE NUMBER/SSN	GRADE/RATE	
UNIT COMMANDER'S SECTION		MEDICAL OFFICER'S SECTION
IN LINE OF DUTY		IN LINE OF DUTY
REMARKS	DISPOSITION OF PATIENT	
	<input type="checkbox"/> DUTY <input type="checkbox"/> QUARTERS <input type="checkbox"/> SICK BAY <input type="checkbox"/> HOSPITAL <input type="checkbox"/> NOT EXAMINED <input type="checkbox"/> OTHER (specify):	
	REMARKS	
SIGNATURE OF UNIT COMMANDER		SIGNATURE OF MEDICAL OFFICER

DD FORM 689, MAR 63 PREVIOUS EDITIONS ARE OBSOLETE. USA FCG-VI 08

Figure 2-2. DD Form 689, Individual Sick Slip.

2-22. DENTAL RECORDS

a. **General.** Correct handling of records is necessary to establish a smooth operating clinic. Accurate preparation of records eliminates the possibility of confusion. The dental specialist should be sure to have the right record for the patient. He must know the proper method of filing, transferring, and disposing of clinical records. Guidance for filing, transferring, and disposing of professional and administrative records and reports is contained in AR 40-66, Medical Record Administration and Health Care Documentation.

b. **Dental Health Record.** The principal record maintained in a dental clinic is the dental health record. This record consists of DA Form 3444, Treatment Record, which is a folder used for the Dental Health Record; DA Form 5570, Health Questionnaire for Dental Treatment; and SF 603, Health Record--Dental; and SF 603A, Continuation of Health Record—Dental. See figures 2-3, 2-4, and 2-5. The Privacy Act Statement is imprinted on the inside back cover of the folder (DD Form 3444). Entries on the dental health record must be recorded in accordance with TB MED 250, Recording Dental Examination, Diagnosis and Treatment, and Appointment Control. The dental health record is a permanent document designed to furnish a comprehensive dental history of each individual. It serves other purposes, such as settling legal claims, supplying dental research data, and providing a means of identifying deceased personnel when other methods are inadequate. All entries must be accurate, complete, and concise if the best interest of the patient is to be served. This record accompanies other personnel records when an individual is transferred to another organization.

0 1 2 3 4 5 6 7 8 9 R S 2

LAST NAME FIRST MI

ALPHABETICAL AND
TERMINAL DIGIT FILE FOR

PATIENT IDENTIFICATION

TREATMENT RECORD

For use of this form see AR 10-68 the previous edition is obsolete.

NOTE TO PHYSICIAN:

- Medical Condition (Medical Warning Tag)
- Personnel Reliability Program (Screening)
- Radiation Screening Program
- Flight Status
- Medical Registries
- Blood Type

TYPE OF RECORD:

- Inpatient (Clinical)
- Outpatient Treatment
- Health
- Health-Dental
- Dental (Non-Military)
- ADAACP CWR
- Civilian Employee Medical Record

IF FOUND RETURN TO:
ANY US POST OFFICE

POSTMASTER-FORWARD TO:
Department of Army
Office of the Surgeon General
Washington DC 20310

DA FORM 3444-2FL, MAY 91

EDITION OF 1 JAN 70 WILL BE USED UNTIL EXHAUSTED

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Figure 2-3. DA Form 3444, Treatment Record

HEALTH QUESTIONNAIRE FOR DENTAL TREATMENT			
For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General			
NAME		SSN	
UNIT	HOME TELEPHONE	OFFICE TELEPHONE	
<i>PLACE A CHECK IN THE YES OR NO COLUMN</i>		YES	NO
1. Have you been under a physician's care in the last 2 years?			
2. Have you had any serious illness, operation or hospitalization in the past?			
3. Are you allergic to any drugs or medicines (novocain, penicillin, others)?			
4. Are you presently taking any drugs or medicines (to include birth control pills)?			
5. Have you ever had hepatitis or yellow jaundice?			
6. Has there been a change in your health in the last 2 years?			
7. Do you smoke cigarettes?			
8. Do you drink alcoholic beverages?			
9. Have you ever been sick because of dental treatments?			
10. Are you a "bleeder" or have you had excessive bleeding following dental treatment?			
11. Do you get short of breath after climbing 1 flight of stairs?			
12. (Female only) Are you pregnant?			
<i>CHECK CONDITIONS IF THEY APPLY TO YOU</i>			
<input type="checkbox"/> Heart Trouble/Chest Pain	<input type="checkbox"/> Frequent Headaches	<input type="checkbox"/> Hives or Skin Rash	<input type="checkbox"/> Epilepsy
<input type="checkbox"/> Heart Murmur	<input type="checkbox"/> Thyroid Disease	<input type="checkbox"/> Asthma/Hay Fever	<input type="checkbox"/> Ulcers/Stomach
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Sugar Diabetes	<input type="checkbox"/> Anemia (Thin Blood)
<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Liver Disease	<input type="checkbox"/> Arthritis/Rheumatism	<input type="checkbox"/> Venereal Disease (VD)
<input type="checkbox"/> Stroke	<input type="checkbox"/> Sinus Disease	<input type="checkbox"/> Tuberculosis (TB)	<input type="checkbox"/> Cancer
<i>Explain any unusual medical problems:</i>			
DATE	SIGNATURE OF PATIENT		
DATE	SIGNATURE OF DOCTOR		
<i>RECHECK</i>			
DATE	DOCTOR'S SIGNATURE	REMARKS	

DA FORM 5570, OCT 86

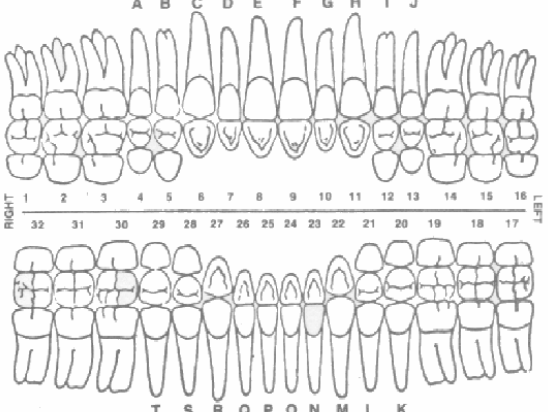
Figure 2-4. DA Form 5570, Health Questionnaire for Dental Treatment.

HEALTH RECORD **DENTAL**

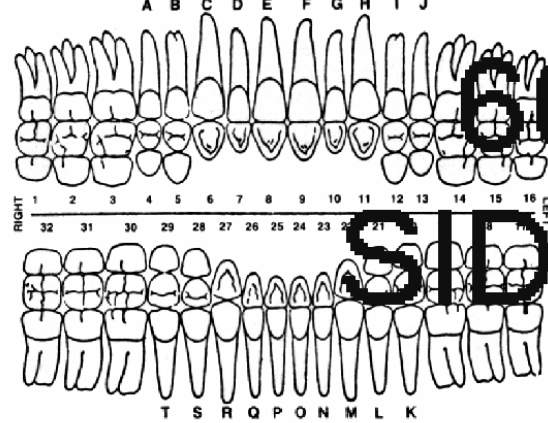
SECTION I. PRESENTING DENTAL STATUS PAGE: **1**

1. PURPOSE OF EXAMINATION			2. TYPE OF EXAM.				3. DENTAL CLASSIFICATION			
INITIAL	SEPARATION	OTHER (Specify)	1	2	3	4	1	2	3	4

4. MISSING TEETH, EXISTING RESTORATIONS, AND PROSTHETIC APPLIANCES

	REMARKS USE ONLY IF DIFFERENT FROM BOX 7 BELOW PLACE OF EXAMINATION _____ DATE _____ SIGNATURE OF DENTIST COMPLETING THIS SECTION _____
---	--

5. DISEASES AND ABNORMALITIES

	REMARKS EXAMINING DENTIST AND FACILITY PLACE OF EXAMINATION _____ DATE _____ SIGNATURE OF DENTIST _____
--	--

6. INDICATE X-RAYS USED IN THIS EXAMINATION

<input type="checkbox"/> PANORAMIC RADIOGRAPHS	<input type="checkbox"/> FULL MOUTH PERIAPICAL	<input type="checkbox"/> POSTERIOR BITE-WINGS	<input type="checkbox"/>	<input type="checkbox"/> NONE TAKEN	SIGNATURE OF DENTIST
--	--	---	--------------------------	-------------------------------------	----------------------

PATIENT'S IDENTIFICATION (Use this Space for Mechanical Imprint)

PATIENT'S NAME (Last, First, Middle Initial) Name must be written here in Ink!				SEX sometime
DATE OF BIRTH	RELATIONSHIP TO SPONSOR	COMPONENT/STATUS	DEPART/SERVICE	
SPONSOR'S NAME			RANK/GRADE pencil	
SSN OR IDENTIFICATION NO. Ink!		ORGANIZATION pencil		

EXCEPTION TO SF 603
 APPROVED BY GSA/IRMS 1-9' **DENTAL**
Standard Form 603
(Rev. 10-75)

Fig 2-5. DA Form 603 (side 1) (continued).

c. **Dental Laboratory Work Authorization.** The DD Form 2322, Dental Laboratory Work Authorization, is filled out and used in accordance with TB MED 148, Area Dental Laboratory Prosthodontic Service. This form is a prosthodontic prescription and accompanies all prosthodontic cases and serves as a record of dental laboratory procedures. See figure 2-6.



1. Local Case No.		2. Name of Treatment Facility, Mailing Address & Autovon No.			3. ADL Case No.	
4. Patient's Name (Last, First, Middle Initial)		5. SSN	6. Grade	7. Age	8. Date Initiated	
9. Beneficiary Type	10. Organization, Duty and Home Telephone Nos.				11. Date Forwarded	
12. Type of Prosthesis or Restoration		13. Shade and Mold by Guide			14. Date Delivered	
15. Prosthesis Design						
 <p style="text-align: center;">MAXILLARY</p>			 <p style="text-align: center;">MANDIBULAR</p>			
Requests) (Check appropriate box(es))		16. <input type="checkbox"/> Framework Only		17. <input type="checkbox"/> Set-up		
18. <input type="checkbox"/> Process	19. <input type="checkbox"/> Fully Fabricate	20. <input type="checkbox"/> Bisque Bake		21. <input type="checkbox"/> Consultation		
22. <input type="checkbox"/> Diagnostic Casts		23. <input type="checkbox"/> Jaw Relation Record		24. <input type="checkbox"/> Radiographs		25. <input type="checkbox"/> Other (See remarks)
26. Clinician's Remarks/Instructions						
27. Typed Name and Grade of Dental Officer				28. Signature		
DD Form 2322, OCT 83				Dental Laboratory Work Authorization		

Figure 2-6. DD Form 2322, Dental Laboratory Work Authorization.

d. **Dental Treatment Plan.** Another form that may be included in the dental health record is DA Form 3984, Dental Treatment Plan, (figure 2-7). This form is designed to serve as a functional outline for the accomplishment of complex dental treatment. It provides a systematic approach to clinical dental care and aids in the achievement of optimum results in dental treatment.

DENTAL TREATMENT PLAN				1. CONSULTATION DESIRED <input type="checkbox"/> YES <input type="checkbox"/> NO		
For use of this form, see TD BLDG 2545, proposed agency in Office of TSG.				If yes, complete Section III, on reverse side.		
SECTION I - PLANNED TREATMENT AND SEQUENCE OF ACCOMPLISHMENT						
Check items in Column c to indicate treatment planned. If sequence of treatment is other than that printed in column b, use numbers (1 thru 10) in column c to show desired order.						
L I T E R A T U R E	D E C I D E N T I F I C A T I O N	TYPE TREATMENT b	PLANNED SE- QUENCE c	ACCOM- PLISHED d	CHART	
					Chart ONLY including teeth and PERMANENT TO BE ACCOMPLISHED. Do NOT chart existing Pathology or Restorations.	
2	A	URGENT				
3	B	PERIODONTAL				
4	C	PREVENTATIVE <input type="checkbox"/> BSPG PASTE				
5	D	TOPICAL BSPG REPEAT AFTER _____ MONTHS				
6	E	CORRECTION WITH CARE				
7	F	EXCLUSION				
8	G	SURGERY				
9	H	PROSTHESIS				
10	I	RESTORATION				
11	J	OTHER (SPECIFY)				
12. REMARKS (SEE INSTRUCTIONS) Use this space for additional clarification of recommended treatment or for describing treatment which does not lend itself to charting. Indicate names of treatment utilized or other items treated. Month given by column c above.						
13. DATE		14. TREATMENT FACILITY		15. SIGNATURE OF DENTIST RECORDING TREATMENT PLAN		
SECTION II - PATIENT IDENTIFICATION						
16. SEX	17. RACE	18. GRADE	19. ORGANIZATION			
20. PATIENT'S LAST NAME - FIRST NAME - MIDDLE INITIAL				21. DATE OF BIRTH	22. IDENTIFICATION NUMBER	

DA FORM 3984, DEC 72 REPLACES DA FORM 16-270, 1 AUG 62, WHICH WILL BE USED. 88695 101 01

Figure 2-7. DA Form 3984, Dental Treatment Plan.

e. **Authorization for Performance of Procedure.** The SF 522, Request for Administration of Anesthesia and for Performance of Operations and Other Procedures, (figure 2-8) should be a part of the patient's dental health record. This form is used to secure written permission to perform specific procedures.

MEDICAL RECORD	REQUEST FOR ADMINISTRATION OF ANESTHESIA AND FOR PERFORMANCE OF OPERATIONS AND OTHER PROCEDURES	
NSN 7540-00-004-4105		
A. IDENTIFICATION		
1. OPERATION OR PROCEDURE: _____		
B. STATEMENT OF REQUEST		
1. The nature and purpose of the operation or procedure, possible alternative methods of treatment, the risks involved, and the possibility of complications have been fully explained to me. I acknowledge that no guarantees have been made to me concerning the results of the operation or procedure. I understand the nature of the operation or procedure to be _____ <i>(Description of operation or procedure in patient's language)</i>		

which is to be performed by or under the direction of Dr. _____		
2. I request the performance of the above-named operation or procedure and of such additional operations or procedures as are found to be necessary or desirable, in the judgment of the professional staff of the below-named medical facility, during the course of the above-named operation or procedure.		
3. I request the administration of such anesthesia as may be considered necessary or advisable in the judgment of the professional staff of the below-named medical facility.		
4. Exceptions to surgery or anesthesia, if any, are: _____ <i>(If none, so state)</i>		
5. I request the disposal by authorities of the below-named medical facility of any tissues or parts which it may be necessary to remove.		
6. I understand that photographs and movies may be taken of this operation, and that they may be viewed by various personnel undergoing training or indoctrination at this or other facilities. I consent to the taking of such pictures and observation of the operation by authorized personnel, subject to the following conditions:		
a. The name of the patient and his/her family is not used to identify said pictures.		
b. Said pictures be used only for purposes of medical/dental study or research.		
<i>(Cross out any parts above which are not appropriate)</i>		
C. SIGNATURES <i>(Appropriate items in Parts A and B must be completed before signing)</i>		
1. COUNSELING PHYSICIAN/DENTIST: I have counseled this patient as to the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above.		
_____ <i>(Signature of Counseling Physician/Dentist)</i>		
2. PATIENT: I understand the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above, and hereby request such procedure(s) be performed.		
_____ <i>(Signature of Witness, excluding members of operating team)</i>	_____ <i>(Signature of Patient)</i>	_____ <i>(Date and Time)</i>
3. SPONSOR OR GUARDIAN: (When patient is a minor or unable to give consent) I, _____ understand the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above, and hereby request such procedure(s) be performed.		
_____ <i>(Signature of Witness, excluding members of operating team)</i>	_____ <i>(Signature of Sponsor/ Legal Guardian)</i>	_____ <i>(Date and Time)</i>
PATIENT'S IDENTIFICATION (For typed or written instructions: Name - last, first, middle initials; room or inpatient or medical facility)		REGISTER NO. _____
WARD NO. _____		REQUEST FOR ADMINISTRATION OF ANESTHESIA AND FOR PERFORMANCE OF OPERATIONS AND OTHER PROCEDURES
Medical Record		STANDARD FORM NO. 582 - 2-8-55 PREVIOUS EDITIONS ARE OBSOLETE
USA PREVIOUS EDITIONS ARE OBSOLETE		USA PREVIOUS EDITIONS ARE OBSOLETE

Figure 2-8. SF 522, Request for Administration of Anesthesia and for Performance of Operations and Other Procedures

2-23. DENTAL STATISTICAL REPORTING

Statistical reports are an accounting of the dental procedures accomplished by the dental personnel during the reporting period. To ensure that all dental procedures are accounted for, the dental specialist must exercise extreme accuracy when recording treatment that has been accomplished. The DENTAC prepares a daily treatment log and a monthly report of all dental and laboratory procedures. Guidance for the completion of the reports is found in AR 40-16, Dental Statistical Reporting.

Continue with Exercises

EXERCISES, LESSON 2

INSTRUCTIONS: Answer the following exercises by marking the lettered response that best answers the question or best completes the incomplete statement or by writing the answer in the space provided.

After you have completed all the exercises, turn to "Solutions to Exercises" at the end of the lesson and check your answers.

1. Which of the following is not a supply duty of a dental specialist?
 - a. Operating a linen exchange system.
 - b. Accumulating and disposing of scrap precious metal.
 - c. Requisitioning, establishing, and maintaining stock levels.
 - d. Performing preventive maintenance procedures.

2. A physical inventory of nonexpendable property is required:
 - a. Annually.
 - b. Semi-annually.
 - c. Quarterly.

3. The chief of the _____ service is responsible for controlling and accounting for controlled drugs.

4. List the materials for which a ledger or written account must be maintained to include dates of amounts received and amounts used.

Dental _____, _____, and _____ alloy.

5. In small Army dental clinics, dental specialists should be familiar with dental prosthetic procedures. The dental specialist may be asked to _____

or to make custom _____.

6. Which of the following forms is used as a dental appointment slip?
 - a. DD Form 689.
 - b. DA Form 3984
 - c. DD Form 3444.
 - d. DA Form 3982.
 - e. DA Form 3984.

7. Which appointment system enables the dental officer or the dental specialist to work directly with the patient in scheduling appointments?
 - a. Individual appointment books.
 - b. Central appointment system.

8. When scheduling appointments, which of the following should be done first?
 - a. Give the patient an appointment slip.
 - b. Record the appointment in the appointment book.

9. The Individual Sick Slip is:
 - a. SF 522.
 - b. DD Form 2322.
 - c. DA Form 3982.
 - d. SF 603.
 - e. DD Form 689.

10. Recording Dental Examination, Diagnosis and Treatment, and Appointment Control is the title of:

- a. TB MED 148.
- b. AR 40-66.
- c. TB MED 250.
- d. AR 40-16.

11. Dental Statistical Reporting is the title of:

- a. TB MED 148.
- b. AR 40-66.
- c. TB MED 250.
- d. AR 40-16.

12. Match the title of the form in Column I to the form number in Column II.

COLUMN I	COLUMN II
(1) ____ Dental Health Record Folder.	a. DA Form 3984
(2) ____ Health Record--Dental.	b. SF 522.
(3) ____ Dental Laboratory Work Authorization.	c. DA Form 5570.
(4) ____ Dental Treatment Plan.	d. DD Form 3444.
(5) ____ Request for Administration of Anesthesia and for Performance of Operations and Other Procedures.	e. SF 603.
(6) ____ Health Questionnaire for Dental Treatment	f. DD Form 2322.

13. Repair items are:
 - a. Expendable property.
 - b. Nonexpendable property.

14. The first four digits of national stock numbers used to requisition dental instruments, equipment, and supplies are:
 - a. 6545.
 - b. 6530.
 - c. 6525.
 - d. 6520.
 - e. 6515.

Check Your Answers on Next Page

SOLUTIONS TO EXERCISES, LESSON 2

1. d (para 2-2b)
2. a (para 2-4)
3. oral surgery (para 2-12)
4. gold, platinum, silver (para 2-13)
5. pour casts; acrylic trays (para 2-17)
6. d (para 2-19a)
7. a (para 2-19b(2))
8. b (para 2-20a)
9. e (para 2-21)
10. c (para 2-22b)
11. d (para 2-23)
12. (1) d
(2) e
(3) f
(4) a
(5) b
(6) c (para 2-22)
13. a (para 2-11b)
14. d (para 2-10b)

End of Lesson 2

LESSON ASSIGNMENT

LESSON 3

Clinical Duties of the Dental Specialist.

LESSON ASSIGNMENT

Paragraphs 3-1 through 3-17.

LESSON OBJECTIVES

After completing this lesson, you should be able to:

- 3-1. Identify the attributes of a dental specialist in a dental clinic.
- 3-2. Identify guidelines for receiving the patient, seating the patient, preparing for treatment, and dismissing the patient.
- 3-3. Identify rules for telephone use.
- 3-4. Identify appropriate conduct when assisting the dental officer.
- 3-5. Identify daily routine procedures and periodic routine procedures.
- 3-6. Identify minor maintenance responsibility for dental equipment.

SUGGESTION

After studying the assignment, complete the exercises at the end of this lesson. These exercises will help you to achieve the lesson objectives.

LESSON 3

CLINICAL DUTIES OF THE DENTAL SPECIALIST

Section I. CLINICAL ROLE

3-1. GENERAL

The dental specialist may be called upon to perform a number of duties within a dental clinic. A dental specialist may be assigned to the administration and management branch. Another may work in the supply section or perform oral prophylaxis or be a dental radiographic specialist. The dental specialist will be assigned as an assistant to the dental officer with duties varying according to the particular service in which he works. Regardless of the assigned clinical area, several duties are common to all enlisted clinic personnel. Many of these duties are discussed in this lesson. At all times, the dental specialist must remember that there is more than one acceptable way of doing things. Techniques and procedures may vary from clinic to clinic or dental officer to dental officer. In most instances, proper performance of clinical duties may be accomplished through the exercise of diligence, common sense, and, in patient matters, courtesy and understanding.

3-2. ATTRIBUTES OF A DENTAL SPECIALIST

The dental specialist relieves the dental officer of tasks that can be performed by an individual with less professional training. To work effectively, the dental specialist must have certain attributes. Some of the basic attributes are discussed below.

a. **Aptitude.** The prospective dental specialist must be intelligent and have a certain degree of manual dexterity. Dentistry is a highly technical profession requiring knowledge, understanding, and an ability to handle professional instruments and materials. Aptitude also includes the ability to anticipate the needs of the patient and the dental officer, make appropriate independent decisions, and adapt to various working conditions and techniques.

b. **Interest.** The dental specialist must have or develop an interest in his work. This interest may take several forms.

- (1) Some individuals strive to do well in any assigned task.
- (2) Some are interested in working and contributing to the welfare of other people.

(3) Others are interested in the technical aspects of their job. Without interest as a motivating force, a dental specialist can neither perform the required duties satisfactorily nor improve upon current abilities or job knowledge. Interest is a quality that supervisory dental specialists must continually strive to stimulate and encourage. In many respects, interest is a reflection of morale and leadership.

c. **Bearing.** The dental specialist must have proper military and professional bearing. The success of a dental service accomplishing its mission is dependent upon the reputation it has established. In a military community, standards of acceptance are based upon an impression of both military and professional competence.

d. **Personal Hygiene.** The dental specialist must pay special attention to personal hygiene and appearance. Basic requirements are daily bathing and clean, neat, and well-fitted regulation uniforms. For males, frequent haircuts and daily shaves are the norm. Well-groomed hair and moderate makeup are expected of females.

(1) Appearance of the hands. Although the dental specialist will routinely be wearing gloves in the treatment room, hands and fingernails must be kept clean and the nails cut short. Deep tobacco stains and strong tobacco odors on the hands are offensive to many patients. Female personnel should not use bright-colored nail polish when on duty.

(2) Offensive odors. Another important precaution is the prevention of offensive body and breath odors. Often, the offender is not aware of the offensive odor. It is best to be on the safe side through personal cleanliness, good oral hygiene, use of deodorants, and avoidance of odor-producing foods.

(3) Orderliness and cleanliness. The dental specialist's personal habits are reflected in the appearance of the office in which he works. All efforts resulting in orderliness and cleanliness of dental personnel and of surroundings contribute to the patient's comfort, security, and relaxation.

e. **Attitude.** Attitude is dependent upon and reflects a possession of the foregoing qualities or attributes. It is a manner of acting, feeling, or thinking that shows the individual's disposition or opinion. A desirable attitude is one leading to cooperation and understanding with co-workers and to concern and consideration for the welfare of patients. It is rewarded by personal accomplishment, gratitude of patients, and job satisfaction.

Section II. PATIENT RELATIONSHIP

3-3. GENERAL

Most people are apprehensive at the thought of visiting the dentist. Many individuals are fearful of the prospects of dental treatment. Personnel working in a dental clinic must always be aware of these feelings. Much can be done to relieve fears and gain the confidence of the patient before and during treatment. The dental specialist must make every effort to make the patient as comfortable as possible. No two patients respond to treatment in the same manner. Measures that may put one patient at ease may not work on another patient. In general, however, a pleasant, dignified atmosphere and courteous, considerate treatment will minimize the patient's apprehension. The patient's first contact with clinic personnel is with a dental specialist working as a receptionist or dental assistant.

3-4. RECEIVING THE PATIENT

a. **Delayed Appointments.** Having to wait beyond the appointed time is annoying to most patients. In a busy dental practice, many delays cannot be foreseen, but every effort must be made to keep them to a minimum. When it becomes apparent that a patient cannot be seen at the appointed time, he must be courteously informed and the nature of the delay briefly explained. In any discussion with patients, however, care must be taken to mention nothing that may embarrass or betray the confidence of another patient. The patient who must wait may be displeased, but he will appreciate the consideration shown when informed of the delay.

b. **Treatment Room Preparation.** Before a patient is escorted into the treatment room, all evidence of treatment on the previous patient must be removed. The room must be put in order. The dental chair and its components must be disinfected. Instruments must be cleaned and placed in sterilizers. Materials and instruments not requiring sterilization must be put away. Towels, bracket table covers, and headrest covers must be changed. The next patient's dental health record, x-rays, study casts, or other pertinent materials must be set out for the dental officer. The chair must be lowered and the bracket table pushed back to facilitate seating of the patient. The height and inclination of the back of the chair and the headrest must be set for the average person. If these preparations are carried out, they will create a feeling of security in the patient when he enters the clean, orderly room.

3-5. SEATING THE PATIENT

a. **Interaction with the Patient.** When everything is ready, the dental specialist goes to the waiting room and calls the patient by name (rank, if military, and Mr. or Ms., if civilian), then escorts the patient to the treatment room. If the patient is wearing a coat, carrying packages, or has anything that might interfere with dental treatment, the dental assistant places these articles in a secure place. The dental specialist seats the patient and adjusts the chair, places a protective towel upon the patient's chest, and begins to prepare appropriate instrument setups. Normally, patients are relieved of eyeglasses and patients wearing lipstick are provided napkins for its removal. During this and other periods when the dental officer leaves the treatment room, the dental specialist is left alone with the patient. Such periods provide opportunities to put the patient at ease by discussing sports, hobbies, or other subjects. Never discuss personal problems with the patients. The dental specialist must always be calm, courteous, and reassuring. He must avoid any discussion that might increase the patient's apprehension, such as anything related to needle, shot, knife, or drill.

b. **Discussion of Dental Procedures.** The dental specialist must not attempt to answer questions concerning specific professional matters. This is the responsibility of the dental officer. The dental specialist may explain some of the simple procedures, but the explanations must be kept simple and general in nature. Specific treatments to be given must not be discussed by the dental specialist.

(1) Factors vary for each patient. Many factors determine a dental diagnosis. Factors vary from one patient to another and the dental specialist may not fully understand them. For this reason, he must not try to answer specific professional questions. If he does, he may confuse the patient or embarrass himself if the dental officer contradicts his remarks.

(2) Courteous manner. If a patient asks specific professional questions, the dental specialist must say that the dental officer is well qualified and will be happy to answer them. In this way, the dental specialist lets the patient know in a courteous manner that he does not intend to answer professional questions. He is also helping to build the patient's confidence in the dental officer.

3-6. ADJUSTING THE DENTAL OPERATING CHAIR

In adjusting the dental operating chair, the dental specialist stands behind the chair as the patient is seated in order to make immediate adjustments for the patient's comfort. See figure 3-1. Various types of dental chairs are installed in dental treatment facilities. The dental specialist must know the correct method of adjusting particular chairs in order to make the patient comfortable.

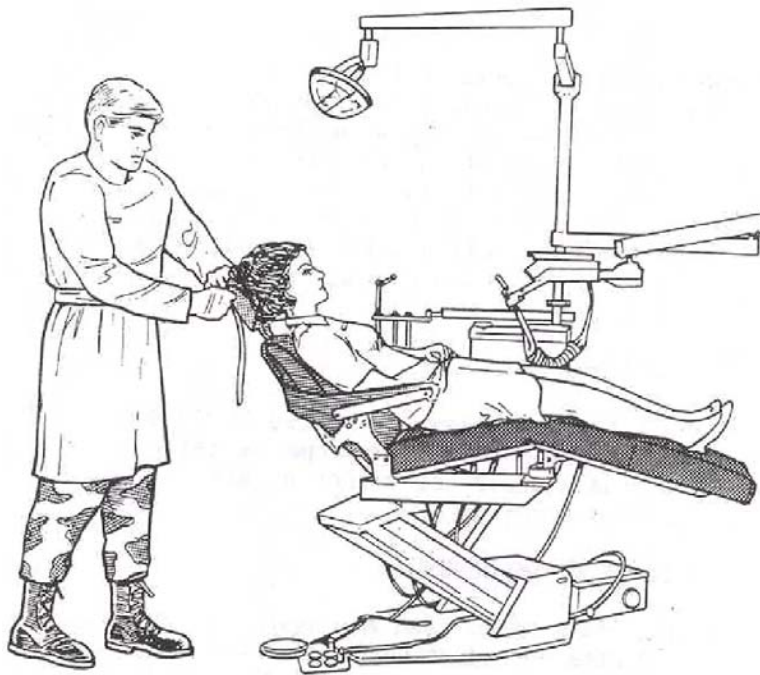


Figure 3-1. Adjusting the dental operating chair.

3-7. PREPARING FOR TREATMENT

a. **Placement of Patient and Handwashing by the Dental Specialist.** After the dental chair is adjusted to a comfortable operating position, patient safety glasses are placed on the patient, and a towel is fastened in place with a dental napkin holder around the patient's neck, the dental specialist will put his mask and protective eyewear on and wash his hands in full view of the patient before putting on gloves and handling any instruments.

b. **Arrangement of Instruments.** Instruments for the procedure are taken from the cabinet and laid out in the arrangement and the location used. If the dental handpiece and saliva ejector mouthpiece are to be used, they are attached to the dental unit after the patient is seated so that the patient knows they are sterile. Following this, a sterile air and water syringe will be attached. Mouth mirror, explorer, periodontal probe, and cotton pliers are also set out after the patient is seated. Instruments are neatly arranged in the center of the Alabama cart on a table cover.

c. **Lighting.** As the dental officer approaches the patient, the operating light is turned on and adjusted to the operative field.

3-8. DISMISSING THE PATIENT

When the dental officer has completed treatment, the dental officer makes proper entries on the patient's permanent dental health record. If further treatment is required, an appointment is arranged by the dental specialist.

3-9. USING THE TELEPHONE

a. **General.** Another aspect of public relations contributing to the patient's opinion of the dental service is the manner that clinic personnel use the telephone. When speaking to a patient or when making other business calls, the dental specialist represents the dental service. If he is pleasant, courteous, and businesslike, the listener receives a favorable impression of the dental service.

b. Guidelines for Telephone Use.

- (1) Answer calls promptly.
- (2) Answer in a friendly, courteous manner, speaking directly into the mouthpiece in a quiet, distinct voice.
- (3) Answer calls by identifying your clinic and yourself, for example, "Post Dental Clinic, Specialist Jones speaking, sir or ma'am."
- (4) Take a message or ask if you may be of service when the call is for someone not available. A pad of Standard Form 63 (Memorandum of Call) should be kept near the telephone for this purpose.
- (5) Make sure that you are calling a correct number when placing a call. A wrong number may interfere unnecessarily with another person's work. If you do receive a wrong number, apologize and hang up.
- (6) Do not prolong telephone conversations unnecessarily. The telephone is provided as an aid in conducting dental activities; therefore, its use is restricted to official calls only.
- (7) Make sure proper entries are recorded in the appointment book following any telephone conversation resulting in making or changing an appointment.
- (8) Avoid needless personal calls.

Section III. ASSISTING THE DENTAL OFFICER

3-10. GENERAL

The amount of dental treatment needed by the patient population far exceeds the ability of the Army Dental Care System to provide it. Maximum service can be achieved only through the cooperation of everyone assigned to the dental service. Clinical studies and surveys of civilian dental practice show that a dentist operating with an efficient assistant can provide significantly more service than one who works alone.

3-11. CONDUCT IN THE TREATMENT ROOM

a. **Traits of the Dental Specialist.** The dental specialist should be courteous and considerate, familiar with the routine and operating habits of the dental officer, and alert to the needs of the dental officer and patients. He is able to perform routine procedures with minimum supervision. The dental specialist should keep unnecessary noise and activity to a minimum. Reading newspapers and other nonprofessional publications is to be avoided in the treatment room. The use of vulgar or disrespectful language in any patient area is strictly forbidden.

b. **When Addressing the Dental Officer.** The dental officer is addressed by his degree and last name, such as "Doctor Brown" or by using his rank, such as "Colonel Brown." The dental specialist should avoid over familiarity with the officer when he assists. He should never question the judgment of the dental officer about a treatment rendered. If the dental specialist has a sincere question he wants to ask to increase his knowledge, he should ask it after the patient has been dismissed. A question that the dental specialist asks in front of the patient might be misunderstood by the patient and cause the patient to wonder about the treatment he is receiving.

3-12. PROVIDING MEDICATIONS

As medications are needed, they are placed on the bracket table or other designated work areas and identified for the dental officer. The dental specialist should anticipate their use either by asking the dental officer or learning his operating routine.

Section IV. CLINIC ROUTINE

3-13. GENERAL

The dental clinic must be kept ready for receiving patients and for inspection at all times. This means that the dental specialist must arrive in sufficient time before the first appointment in the morning and in the afternoon. He must prepare the treatment room and the patient's records so that treatment can be started at the appointed time. It also means that he must remain after the last appointment to perform necessary cleaning, sterilizing, and maintenance procedures in treatment rooms and in common areas. Most clinics will have SOPs for cleaning and maintenance that specify the nature and the frequency of duties and assignment of responsibilities.

3-14. CARE AND MAINTENANCE OF EQUIPMENT AND SUPPLIES

Care and maintenance of equipment and supplies are essential for the efficient operation of a dental clinic. Careful adherence to maintenance schedules ensures proper functioning, lengthens the life of the equipment, and minimizes waste of materials.

3-15. DAILY ROUTINE PROCEDURES

a. **General.** Some routine procedures are required on a daily basis. Generally, they are accomplished in the sequence listed.

b. **At the Beginning of the Day.** These are accomplished before the arrival of the dental officer.

- (1) Turn on unit appliances.
- (2) Turn on water to the unit.
- (3) Prepare the sterilizer.
- (4) Start the air compressor.
- (5) Ensure linen supply is available.
- (6) Fold towels and place them in the proper location.
- (7) Check and fill spray bottles to use for disinfecting.
- (8) Provide towels and soap at the wash basin.
- (9) Check the paper cup and towel supplies.

(10) Check operator-needed and procedure-needed supplies. (The dental specialist checks supplies at any convenient point in the routine sequence.)

(11) Make a final check for cleanliness.

c. **At the End of the Day.** Everything should be in its proper place before the clinic is closed for the day.

(1) Ensure that rooms, equipment, furniture, and other assigned areas are thoroughly cleaned and dusted and the furniture rearranged.

(2) Empty waste and trash cans.

(3) Prepare soiled linen for exchange.

(4) Close and lock windows.

(5) Turn off air compressor.

(6) Turn off all light switches.

3-16. PERIODIC ROUTINE PROCEDURES

a. **General.** Some care and maintenance procedures in the dental clinic are required on a periodic basis rather than a daily basis. These are usually accomplished weekly.

b. **Periodic Duties.**

(1) Clean and disinfect instrument cabinet drawers and shelves frequently in accordance with local SOP.

(2) Clean the sterilizer in accordance with manufacturer's instructions.

(3) Replenish supplies before stocks are exhausted.

(4) Keep everything that is not essential to patient treatment out of the treatment room.

(5) Perform preventive maintenance procedures in accordance with manufacturer's instructions and local SOP.

3-17. MAINTENANCE OF DENTAL EQUIPMENT

a. **General.** Maintenance of dental equipment is very important. Costly repairs can be avoided by following the proper maintenance guidelines established for dental equipment. The manufacturer's instructions are usually the best source of maintenance information because equipment will vary from clinic to clinic or even within a given clinic.

b. **Operating Chair.** Daily cleaning is necessary for efficient chair operation and clinic cleanliness. These surfaces should also be cleaned with a damp cloth. An excessive amount of water should not be used because it could damage the electrical systems. Inaccessible areas may be cleaned by using the air syringe from the dental unit. Painted and chrome-plated surfaces and leather upholstery should be wiped daily with a soft, dry cloth. The dental specialist should never attempt major repairs on dental chairs. Lubrication and maintenance are normally performed by medical maintenance personnel.

c. **Operating Light.** Cleaning of the operating light consists of wiping the extension area with a damp paper towel and dusting the reflector with a soft cloth. Since the reflectors of dental operating lights may have special coatings, clean reflectors according to manufacturer's instructions. To replace a burned-out bulb, allow the bulb to cool for two minutes. Handle the new bulb with a dry cloth. The oil from your fingers could create a hotspot on the bulb, causing it to expand or explode.

d. **Operating Unit.** At first glance, the operating unit (see figure 3-2) seems rather complex. Care and cleaning of the operating unit should be done on a daily basis. Repair of the operating unit should be left to medical maintenance personnel since it involves many delicate parts.

e. **Handpieces.** The overall care, sterilization, and lubrication of the dental handpieces are the responsibility of the dental specialist. Listing specific procedures for the care of this equipment is impractical due to the variety and nonstandardization of handpieces in the Army Dental Care System. However, daily maintenance is essential and the dental specialist should follow the manufacturer's instructions.

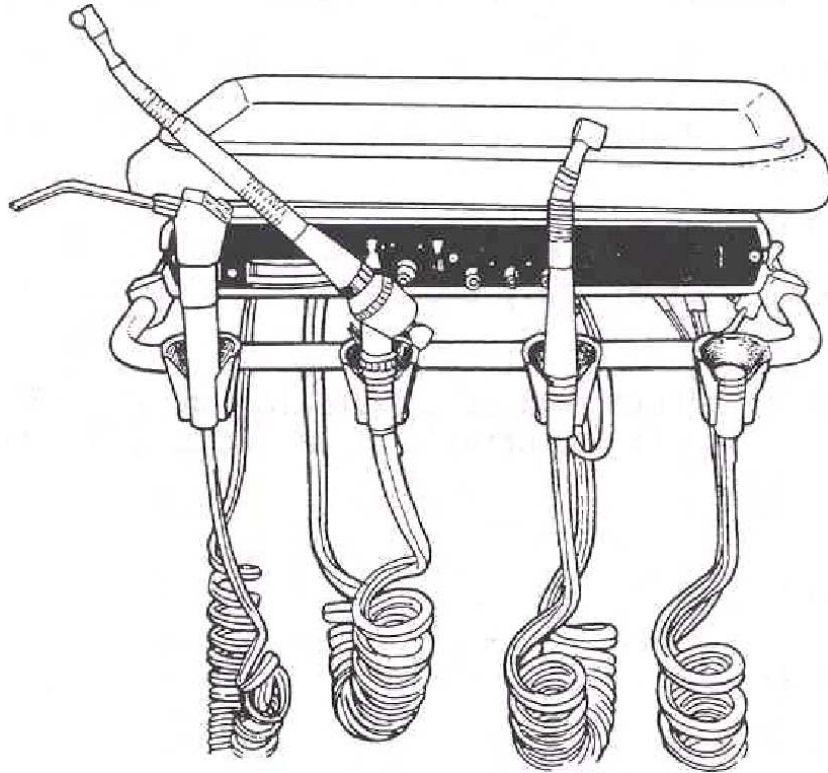


Figure 3-2. Bracket table/dental operating unit.

Continue with Exercises

EXERCISES, LESSON 3

INSTRUCTIONS. Answer the following exercises by marking the lettered response that best answers the question or best completes the incomplete statement or by writing the answer in the space provided.

After you have completed all the exercises, turn to "Solutions to Exercises" at the end of the lesson and check your answers.

1. Select the attribute of a prospective dental specialist that includes the ability to anticipate the needs of the patient and the dental officer, make appropriate independent decisions, and adapt to various working conditions and techniques.
 - a. Attitude.
 - b. Aptitude.
 - c. Interest.
 - d. Impression of military and professional competence.

2. Select the attribute of a dental specialist that may appear as a desire to contribute to the welfare of other people or to do well in any assigned task or to excel in the technical aspects of their job.
 - a. Attitude.
 - b. Aptitude.
 - c. Interest.
 - d. Impression of military and professional competence.

3. Select the attribute of a dental specialist that applies to the appearance of the hands and to potentially offensive body and breath odors.
 - a. Attitude.
 - b. Aptitude.
 - c. Bearing.
 - d. Personal hygiene.

4. Select the attribute of a dental specialist that leads to cooperation and understanding with co-workers and to concern for the welfare of patients.
 - a. Attitude.
 - b. Aptitude.
 - c. Bearing.
 - d. Personal hygiene.

5. No two patients respond to treatment in the same way; therefore:
 - a. The dental specialist must make every effort to keep the environment as clean as possible.
 - b. Measures that put one patient at ease may not work on another patient.
 - c. Conversation should always be used as a way to minimize the patient's apprehension.

6. When it becomes apparent that a patient cannot be seen at the appointed time:
 - a. The exact nature of the condition of the other patient should be briefly explained.
 - b. The patient must be courteously informed and given an estimated time of wait.
 - c. The patient must be courteously informed and the nature of the delay briefly explained.

7. List the items that must be changed before a patient is escorted into the treatment room.
 - a. _____
 - b. Bracket _____
 - c. _____ covers.

8. After seating the patient:
 - a. The patient's eyeglasses are removed.
 - b. All evidence of treatment on the previous patient is removed.
 - c. The patient's coat or packages are placed in a secure place.
 - d. The instruments are cleaned and placed in sterilizers.

9. Complete information related to interaction between the dental specialist and the patient.
 - a. Never discuss _____ with the patients.
 - b. Avoid any discussion that might increase _____.
 - c. Always be calm, _____, and _____

10. If a patient asks a specific professional question, the dental specialist should:
 - a. Say that the dental officer will be happy to answer the question.
 - b. Provide an explanation for the procedures to be performed.
 - c. Adjust the dental operating chair.
 - d. Discuss sports, hobbies, or other subjects.

11. The dental handpiece and saliva ejector are attached to the dental unit:
 - a. Before the patient is seated.
 - b. After the patient is seated.

12. When the dental officer has completed treatment, the dental officer (or the dental specialist) makes proper entries on the patient's permanent _____
_____ record.
13. In the paragraph, Guidelines for Telephone Use, what is the fourth item listed?
- Make sure you are calling a correct number.
 - Identify your clinic and yourself.
 - Answer in a friendly, courteous manner.
 - Take a message; keep a notepad near the telephone.
14. In the paragraph, Guidelines for Telephone Use, what is the seventh item listed?
- Avoid needless personal calls.
 - Do not prolong telephone conversations unnecessarily.
 - Make sure proper entries are recorded in the appointment book when an appointment is made or changed.
 - A pad of Standard Form 63 should be kept near the telephone to take messages with.
15. The dental specialist should always be:
- Courteous and _____.
 - Familiar with the routine and _____ habits of the dental officer.
 - _____ to the needs of the dental officer and patients.
 - Able to perform routine procedures with minimum _____.

16. List some possible personal habits that are self-monitored by a dental specialist while working in the treatment room.
 - a. Making _____ noise.
 - b. Reading _____ and other nonprofessional publications.
 - c. Using _____ or _____ language.

17. If the dental specialist has a sincere question about the treatment rendered by the dental officer, it should be asked:
 - a. After the patient has been dismissed.
 - b. Before the procedure is started.

18. Which one of the following arrives at the dental treatment room before the first appointment in the morning?
 - a. The dental officer.
 - b. The dental specialist.

19. Which of the following daily routine procedures is first on the list for the beginning of the day?
 - a. Start the air compressor.
 - b. Prepare the sterilizer.
 - c. Turn on water to the unit.
 - d. Turn on unit appliances.

20. Which of the following daily routine procedures is eighth on the list for the beginning of the day?
- Provide towels and soap at the washbasin.
 - Check and fill spray bottles to use for disinfecting.
 - Ensure linen supply is available.
 - Fold towels and place them in the proper location.
 - Start the air compressor.
21. On the list of daily routine procedures for the end of the day, "turn off the air compressor" is _____ on the list.
- First.
 - Eighth.
 - Fifth.
 - Third.
 - Fourth.
22. From the list of daily routine procedures for the end of the day, select the one that is third on the list.
- Pull out all electric plugs from outlets.
 - Turn off all water and gas valves.
 - Prepare soiled linen for exchange.
 - Close and lock the windows.
 - Ensure that rooms, equipment, furniture, and other assigned areas are thoroughly cleaned and dusted and the furniture rearranged.

23. From the periodic routine procedures listed below, select the one that is first on the list in the lesson.
- a. Perform preventive maintenance procedures.
 - b. Maintain floors IAW TB MED 6.
 - c. Replenish supplies before stocks are exhausted.
 - d. Scrub walls, woodwork, cabinets, chairs and inside of waste containers.
 - e. Clean and disinfect instrument cabinet drawers and shelves frequently in accordance with local SOP.
24. "Perform preventive maintenance procedures" is _____ on the list of periodic routine procedures.
- a. Third.
 - b. Eighth.
 - c. Fifth.
 - d. Fourth.
 - e. Seventh.
25. For efficient chair operation and clinic cleanliness, the operating chair must be cleaned:
- a. Daily.
 - b. Every other day.
 - c. Twice a day.

26. Clean the reflector of the operating light:
- a. With a damp paper towel.
 - b. IAW manufacturer's instructions.
 - c. With a soft cloth.
27. Daily maintenance of handpieces is essential, following the manufacturer's instructions. The responsibility of the dental specialist in regard to handpieces is for the:
- a. Overall _____.
 - b. _____.
 - c. _____.
28. Repair of the operating unit is done by:
- a. The dental specialist.
 - b. The dental officer.
 - c. Medical maintenance personnel.

Check Your Answers on Next Page

SOLUTIONS TO EXERCISES, LESSON 3

1. b (para 3-2a)
2. c (para 3-2b)
3. d (para 3-2d)
4. a (para 3-2e)
5. b (para 3-3)
6. c (para 3-4a)
7. a. Towels
b. Table covers
c. Headrest (para 3-4b)
8. a (para 3-5a)
9. a. personal problems
b. apprehension
c. courteous; reassuring (para 3-5a)
10. a (para 3-5b(2))
11. b (para 3-7b)
12. dental health (para 3-8)
13. d (para 3-9b(4))
14. c (para 3-9b(7))
15. a. considerate
b. operating
c. alert
d. supervision (para 3-11a)
16. a. unnecessary
b. newspapers
c. vulgar; disrespectful (para 3-11a)
17. a (para 3-11b)

18. b (paras 3-13, 3-15b)
19. d (para 3-15b(1))
20. a (para 3-15b(8))
21. c (para 3-15c(5))
22. c (para 3-15c)
23. e (para 3-16b(1))
24. c (para 3-16b(5))
25. a (para 3-17b)
26. b (para 3-17c)
27. a. Care
b. Sterilization
c. Lubrication. (para 3-17e)
28. c (para 3-17d)

End of Lesson 3

LESSON ASSIGNMENT

LESSON 4

The Team Approach.

LESSON ASSIGNMENT

Paragraphs 4-1 through 4-6.

LESSON OBJECTIVES

After completing this lesson, you should be able to:

- 4-1. Identify the four-handed method.
- 4-2. Identify characteristics of the dental chair, the operating stools, and the operating light.
- 4-3. Identify operating positions.
- 4-4. Identify suction tip placement.
- 4-5. Identify the steps in instrument transfer.

SUGGESTION

After studying the assignment, complete the exercises at the end of this lesson. These exercises will help you to achieve the lesson objectives.

LESSON 4

THE TEAM APPROACH

4-1. GENERAL

The requirements placed on the dental profession by the increase in the demand for dental care require many different programs to expand capabilities. The most promising answer appears to be the use of the four-handed method (TEAM approach). The progress of programs being developed by the U.S. Army Dental Corps requires knowledge of these methods for you to become an integrated part of the dental health team. The four-handed method involves the constant, efficient use of the hands of the dental specialist and the hands of the dental officer. A full-time chair-side assistant is trained and expected to perform all duties that need not be done by the dental officer. All unit modifier instruments are set up on prearranged trays for routine procedures. All equipment and supplies are oriented to the patient's mouth in the most convenient position to the operational team. Each team member follows a procedural outline planned and practiced in advance.

4-2. FOUR-HANDED METHOD

a. **General.** In the four-handed method, the dental officer and the dental specialist work together and perform prearranged procedures. For example, a rubber dam is used to isolate the surgical site so that the dentist may work without interference, distraction, and contamination from adjacent structures. It is equally important that the dentist isolate the teeth during restorative procedures in the mouth. Advantages for the dentist include an isolated and controlled operative field, improved visibility, and a dry field for the manipulation of restorative materials. The rubber dam and its use in the dental clinic are discussed in subcourse MD0503, Dental Instrument Setups.

b. **Rubber Dam Application; Prearranged Procedures.** The dental officer and the dental specialist work together and perform prearranged procedures to put a rubber dam in place.

- (1) The dental officer flushes and the dental specialist evacuates the mouth.
- (2) The dental specialist passes the assembly to the dental officer.
- (3) The dental specialist coats the patient's lips with a lubricant to prevent drying.
- (4) The dental officer positions the clamp on the tooth distal to the one being restored.

(5) The dental officer pulls the dam off the wings of the clamp and places the dam over the other teeth while the dental specialist unrolls the dental floss.

(6) The dental officer places the floss into the interproximal spaces and ties it loosely.

(7) The dental officer ties the floss tightly after depressing it with a plastic instrument. If the operation is on the dental specialist's side, it may be more convenient for him to insert and tie the floss. (The floss ends are left long to facilitate removal.) The free ends are looped around the edge of the frame and wrapped around the button on the side of the frame.

(8) The dental specialist places the saliva ejector under the rubber dam.

(9) The dental officer removes the rubber dam after the procedure is completed while the dental specialist sees to the smooth transfer of the needed instruments.

4-3. MODERN EQUIPMENT

a. **General.** Modern equipment allows the team to sit comfortably while performing all operations and providing the least physical strain for the dental officer and the dental specialist. This modern equipment also allows the patient to sit comfortably. See figure 4-1.

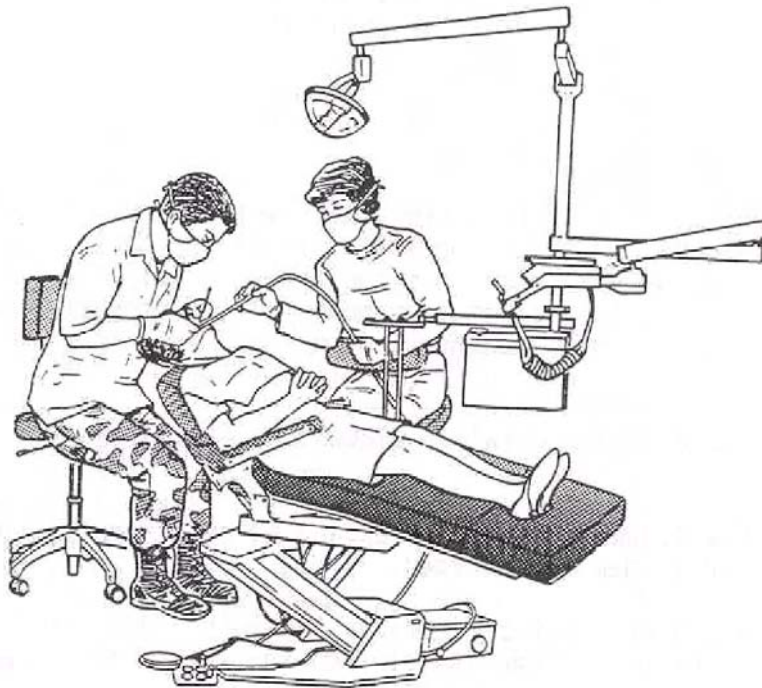


Figure 4-1. Equipment allowing dental officer and dental specialist to sit comfortably.

b. **The Dental Chair.** The dental chair must offer complete support to the patient in order to prevent fatigue. It must have a thin and narrow back to allow room for the dental officer and assistant to perform procedures and also allow mobile equipment to be placed nearby. It should also possess a low base that does not interfere with leg room around the chair and should have dual controls for easy adjustment. See figure 4-2.

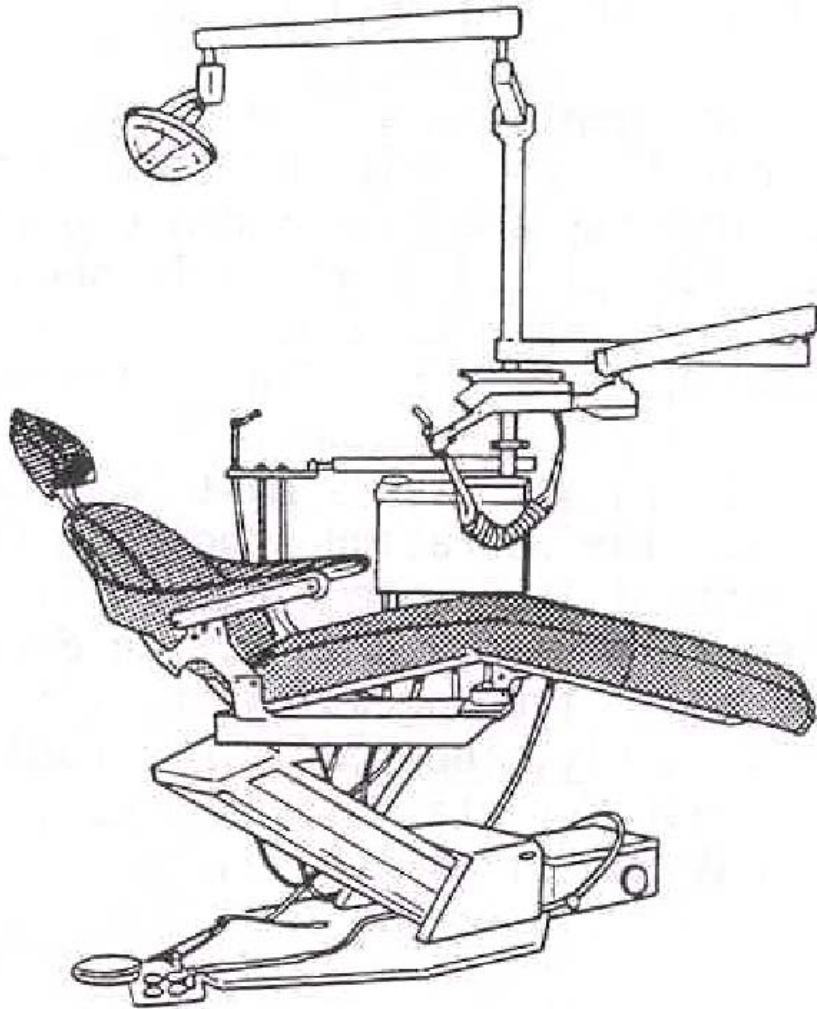


Figure 4-2. Example of dental chair, light, and unit.

c. **Operating Stools.** Operating stools must be functional and not simply objects to sit upon. The operating stool for the dental officer should have a broad base for stability. See figure 4-3. It must be completely mobile for the dental officer to adjust to a variety of patient sizes and restorative procedures. The operating stool must offer good back and/or abdominal support. Similarly, the operating stool for the dental specialist must have a broad base for stability and must be padded. It must also adjust to a variety of patient sizes and restorative procedures. See figure 4-4.

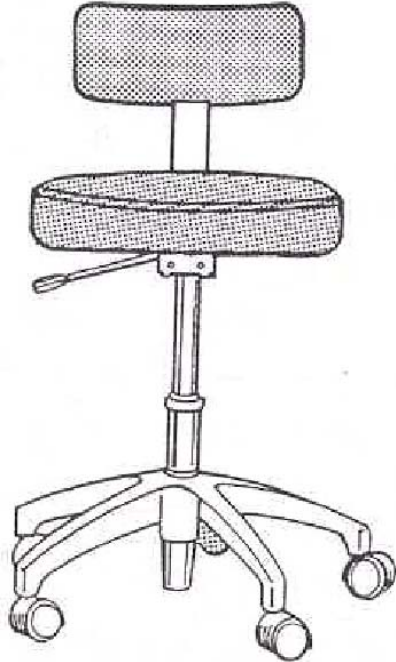


Figure 4-3. Dental officer operating stool.

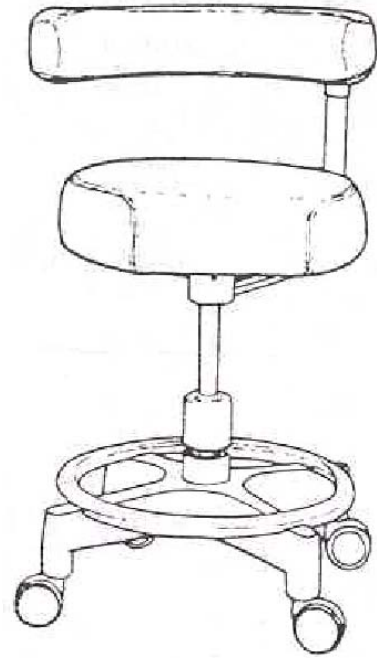


Figure 4-4. Dental specialist operating stool.

d. **Operating Light.** The artificial lighting in an operatory should be uniform to avoid glaring and darkened areas. The operating light should be easily adjustable with handles on both sides of the light.

4-4. OPERATING POSITIONS

The operating positions must remain as close to the work area as possible. With the patient's head representing 12 o'clock and his feet 6 o'clock, the dental officer's position will vary from 7 to 12 o'clock. The dental specialist remains in the 2 to 4 o'clock position. See figures 4-5, 4-6, 4-7, and 4-8. The patient's chair height will be positioned so that the zone of operation is about elbow height. The dental specialist's thighs are parallel to the floor or slightly elevated to offer support and to facilitate good blood circulation to the legs.

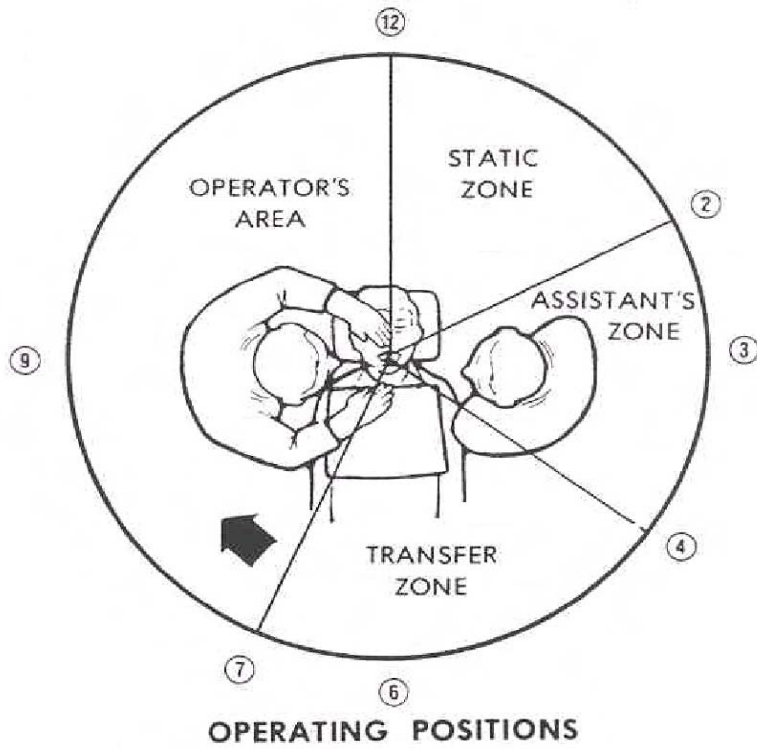


Figure 4-5. Chart of operating positions.



Figure 4-6. Operating position of dental officer and dental specialist.

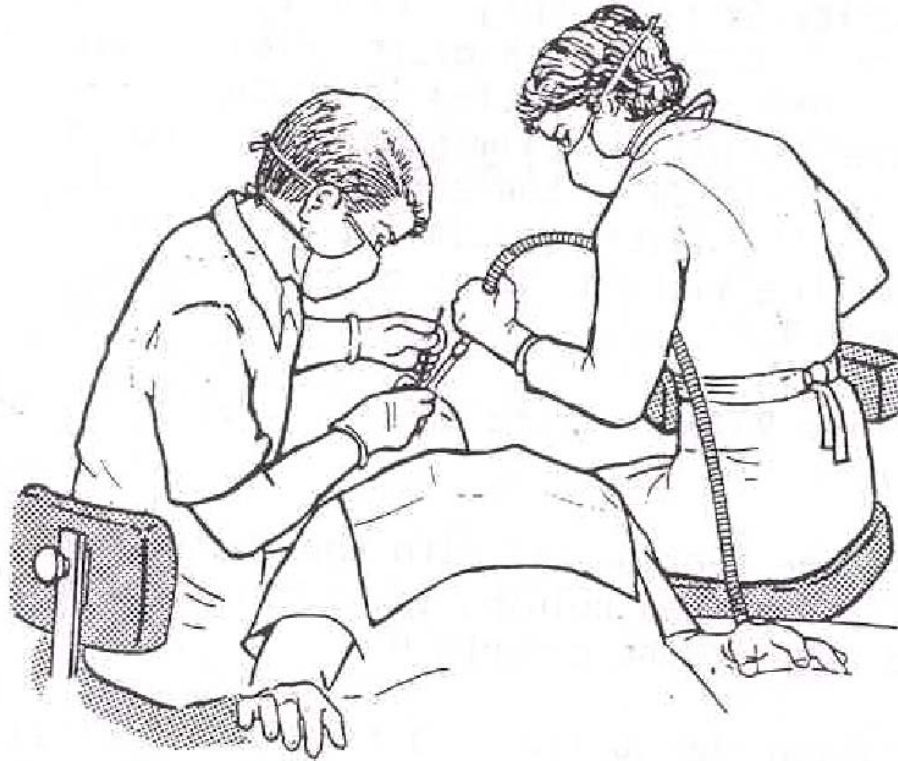


Figure 4-7. Operating position of dental officer and dental specialist



Figure 4-8. Operating position of dental officer and dental specialist

4-5. SUCTION TIP PLACEMENT

a. **High Velocity Suction.** High velocity suction is also used in four-handed dentistry to maintain a clean, clear field of vision. It provides control of fluids in the patient's mouth by moving massive volumes of fluid quickly. The suction tip eliminates the need for a cuspidor. Fluids can be picked up without touching the surface of the tissue. The suction tip is reversible to allow the dental specialist to reach all areas of the mouth. Proper positioning of the suction tip is essential for efficiency and patient comfort. See figure 4-9.



Figure 4-9. Suction tip placement.

b. **List of Five Rules.** There are five rules for use of the suction tip.

(1) Hold the suction tip with the thumb-to-nose grasp with palms down. Use the same grasp when holding the suction tip with the left hand. This grasp is preferable to the pen grasp.

(2) Position the suction tip first and then position the handpiece.

(3) Position the suction tip as close to the tooth as possible without touching the gingiva.

(4) Place the suction tip parallel to the buccal and lingual surface.

(5) Place the edge of the suction tip even with the occlusal surface.

4-6. INSTRUMENT TRANSFER

a. **Team Work.** A standard technique to passing instruments is the four-handed dentistry technique that requires the dental officer and the dental specialist to work as a team. There are definite steps in passing instruments that must be planned and practiced in advance:

b. **The First Step.** The first step is the approach. The dental specialist brings the new instrument into the zone of operation with his right hand. He then takes the next instrument to be used in his left hand in a modified pen grasp and holds the nonworking end of the instrument between the thumb and first two fingers. Then, he holds the instrument parallel to the one the dental officer is using. See figure 4-10.

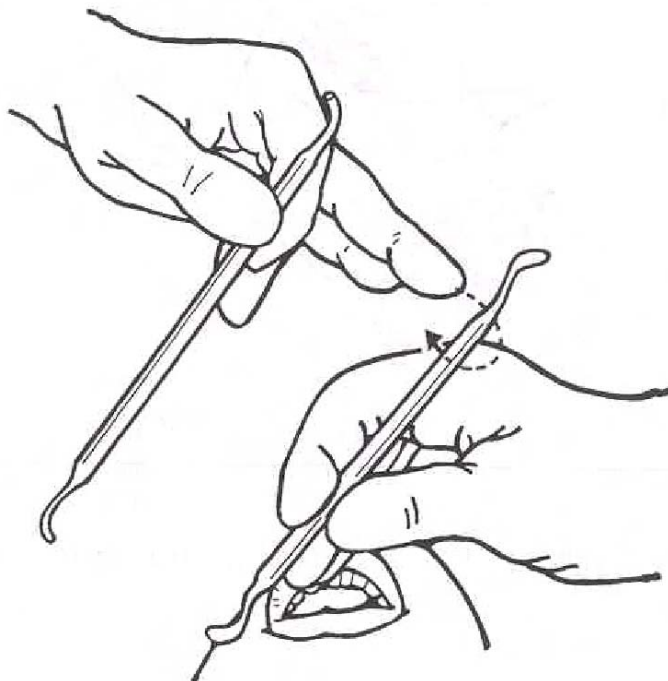


Figure 4-10. The approach.

c. **The Second Step.** The second step is the signal. When the dental officer has finished using the instrument that he is holding, he lifts the instrument from the tooth in a fingers-only movement. This is a signal to the dental specialist that the dental officer has finished using the instrument and is ready for the next instrument. See figure 4-11. The signal may also be verbal, usually when an instrument is desired that is not in sequence on the prearranged tray.

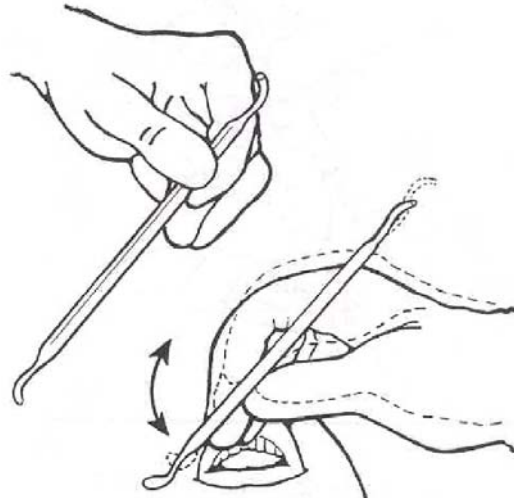


Figure 4-11. The signal.

d. **The Third Step.** The third step is retrieval. The dental specialist extends his third and fourth fingers to grasp the instrument that the dental officer has just finished using. After the dental specialist has securely grasped the used instrument, the dental officer can release the instrument from his grip. See figure 4-12.



Figure 4-12. The retrieval.

e. **The Fourth Step.** The fourth step is the delivery. The dental officer receives a new instrument in the correct position so he can use it without adjustments. The dental specialist then takes the used instrument from the dental officer's hand. By turning his hand downward, the dental specialist lowers the retrieved instrument that allows him to place the new instrument in the dental officer's fingers in the position in which he will use it. See figure 4-13. Some instruments are double-edged and sharp. Care must be taken by the dental specialist not to cut himself, the dental officer, or the patient.

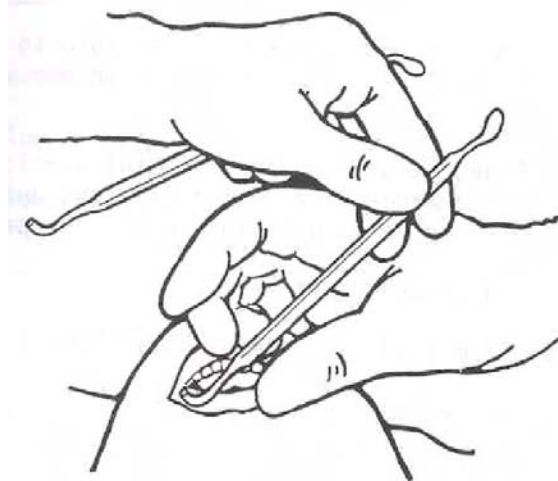


Figure 4-13. The delivery.

f. **The Fifth Step.** The fifth step (the last step) is the withdrawal. The dental specialist holds the used instrument in the third and fourth fingers opposed by the thumb. He then takes the first two fingers and opposes the thumb on the instrument and releases it from the third and fourth fingers. Now he holds the instrument between the thumb and the first two fingers. Then, the dental specialist is ready to replace the used instrument on the preset tray. See figure 4-14. For this action, the tray must be positioned properly alongside the patient's face and over the dental specialist's lap. In returning an instrument to the operating tray, lay it down gently and return it to its former place in the arrangement. If you should drop an instrument, leave it and take a fresh one from the instrument cabinet.

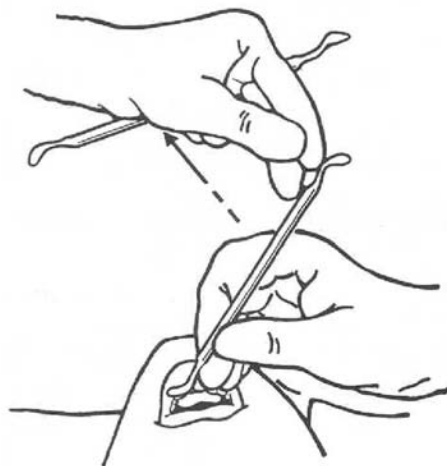


Figure 4-14. The withdrawal.

Continue with Exercises

EXERCISES, LESSON 4

INSTRUCTIONS. Answer the following exercises by marking the lettered response that best answers the question, by completing the incomplete statement, or by writing the answer in the space provided.

After you have completed all the exercises, turn to "Solutions to Exercises" at the end of the lesson and check your answers.

1. Situation: A dental officer and a dental specialist are working together and are following a procedural outline planned and practiced in advance. Identify the term or terms used for what is happening.
 - a. Prearranged procedures.
 - b. Four-handed method.
 - c. Dental assistance.

2. In the rubber dam application of the four-handed method, the _____ places the rubber dam over the teeth and the _____ unrolls the dental floss.
 - a. Dental specialist; dental officer.
 - b. Dental officer; dental specialist.

3. In the four-handed rubber dam application, who ties the dental floss on the dental officer's side after the floss is inserted into the interproximal spaces?
 - a. The dental officer.
 - b. The dental specialist.

4. In the four-handed rubber dam application, who places the saliva ejector under the rubber dam?
 - a. The dental officer.
 - b. The dental specialist.

5. Why does a dental chair have a thin and narrow back?
 - a. To allow _____ to be placed nearby.
 - b. To allow room for the dental officer and dental specialist to _____.

6. List the characteristics of operating stools. They must:
 - a. Have a broad base for _____.
 - b. Be completely _____.
 - c. Have good _____ and/or _____ support.

7. Describe the characteristics of operating light.
 - a. Lighting should be _____.
 - b. It should be easily _____.
 - c. It should have _____ on both sides.

8. The operating position of the dental specialist is in the:
 - a. 2 to 4 o'clock position.
 - b. 7 to 12 o'clock position.
 - c. 4 to 7 o'clock position.

9. Identify standards for operating positions.
 - a. The patient's chair height must be positioned so that the zone of operations is _____.
 - b. The dental specialist's thighs are _____ to the floor or slightly _____ to offer support and to facilitate good blood circulation to the legs.

10. Why is the main reason that high velocity suction is used in four-handed dentistry?
 - a. To eliminate the need for a cuspidor.
 - b. To pick up fluids without touching the surface of the tissue.
 - c. To allow the dental specialist to reach all areas of the mouth.
 - d. To move massive amounts of fluid quickly.
 - e. To maintain a clean, clear field of vision.

11. What kind of grasp is recommended when using the suction tip?
 - a. The pen grasp.
 - b. The thumb-to-nose grasp.

12. Which of the following must be positioned first?
 - a. The suction tip.
 - b. The handpiece.

13. The suction tip is placed parallel to the:
 - a. Occlusal surface.
 - b. Buccal and lingual surface.
 - c. Mesial and distal surface.

14. The edge of the suction tip is placed even with the:
 - a. Occlusal surface.
 - b. Buccal surface.
 - c. Distal surface.

15. What is the second step in instrument transfer?
 - a. The withdrawal.
 - b. The delivery.
 - c. The retrieval.
 - d. The signal.
 - e. The approach.

16. In the first step of instrument transfer, the dental specialist holds the instrument parallel to the one the dental officer is using. The instrument is held with the:
 - a. Right hand.
 - b. Left hand.

17. In the third step of instrument transfer, the dental specialist grasps the instrument that the dental officer has just finished using with the:
 - a. Modified pen grasp.
 - b. Thumb and first two fingers.
 - c. Third and fourth fingers.

18. In the fourth step of instrument transfer, the dental specialist places the new instrument in the dental officer's fingers in the position in which it will be used. To accomplish this, the dental specialist turns his hand:
 - a. Downward.
 - b. Upward.

19. In the fifth step of instrument transfer, the preset tray of instruments must be positioned properly alongside the patient's:
 - a. Lap.
 - b. Chest.
 - c. Face.

20. In which step of instrument transfer does the text specify that care must be taken by the dental specialist not to cut himself, the dental officer, or the patient?
 - a. First step.
 - b. Second step.
 - c. Third step.
 - d. Fourth step.
 - e. Fifth step.

Check Your Answers on Next Page

SOLUTIONS TO EXERCISES, LESSON 4

1. d (para 4-1)
2. b (para 4-2b(5))
3. a (para 4-2b(7))
4. b (para 4-2b(8))
5. a. mobile equipment
b. perform procedures (para 4-3b)
6. a. stability
b. mobile
c. back; abdominal (para 4-3c)
7. a. uniform
b. adjustable
c. handles (para 4-3d)
8. a (para 4-4)
9. a. elbow height
b. parallel; elevated (para 4-4)
10. e (para 4-5a)
11. b (para 4-5b(1))
12. a (para 4-5b(2))
13. b (para 4-5b(4))
14. a (para 4-5b(5))
15. d (para 4-6c)
16. b (para 4-6b)
17. c (para 4-6d)
18. a (para 4-6e)

19. c (para 4-6f)

20. d (para 4-6e)

End of Lesson 4